AN EVALUATION OF THE DAY & EVENING FAMILY PROGRAMS IN AFM'S WINNIPEG REGION

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CHAPTER ONE
BACKGROUND AND METHODOLOGY

I) BACKGROUND:

The Addictions Foundation of Manitoba provides services to Manitobans experiencing difficulties as the result of someone else's chemical and/or gambling problems. This evaluation relates to one of the programs subsumed within the umbrella of AFM's Family Services: its ***Family Recovery*** and ***Family Awareness Programs***. These programs are either attended during day-time or evening groups. All respondents to this study completed one of these programs some time between October, 1997 and June, 1999.

This report provides evaluation findings related both to ***client satisfaction*** with a range of program components and service delivery, and an analysis of ***program outcomes***. This is an evaluation of the related services provided through the **AFM's Winnipeg Region**. Forms used in this study were completed at the point of clients entering these programs (pretest measures), upon exit and six months thereafter.

II) METHODOLOGY:

All clients entering AFM programs complete a series of forms used during their intake and assessment process. Information collected through these forms covers a wide range of topics: clients' social and demographic characteristics, family history, chemical usage and gambling patterns, legal history, involvement with community agencies and organizations, a life-events scale, a profile of health problems, history of family conflict and/or abuse, information about anxiety and/or panic attacks, suicidal ideation, mood altering behaviours and eating disorders, a validated self-esteem scale,[1] a scale measuring locus of control,[2] a validated anger scale,[3] and a validated depression scale.[4]

Completed forms are scanned or faxed into the AFM's client-based information system. The AFM uses the ***Teleform*** scanning software suite, which allows all information to be electronically captured and verified. Information was then transferred to the ***Statistical Package for the Social Sciences (SPSS)*** for analysis. Content analysis regarding clients' open-ended responses were analyzed using a program called ***Non-numerical Unstructured Data Indexing Searching and Theorizing (NUD*IST).***

Clients completed the exit form at the end of their final session. In instances in which clients did not complete the program, they were contacted by telephone, and a questionnaire was sent to them by mail.

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1 The ***Rosenberg Self-Esteem Scale***

2 From Hazeldon

3 The ***Anger Staits and Traits Scale***

4 The ***Centre for Epidemiological Studies Depression Scale (CES-D)***

2.1) Designing Evaluation Forms:

Given the available information on most clients, a meeting with the Family Services team was convened to select those questions and scales (already built into the intake and assessment forms) that best reflect the programs' performance measures. These questions were then replicated in the evaluation's exit and six month follow-up forms to track client changes over time.[5] A series of questions measuring client satisfaction was added to the exit form.

2.2) Client Consent:

One of the questions in the intake form asks clients whether they consent to be contacted, should an evaluation be underway at the time. This blanket consent form is not considered ***informed*** consent. Instead, it provides a short-list of all clients who, in principle, agreed to be study subjects. Clients who answered 'no' to this question were automatically excluded from participating in this evaluation. Clients who indicated 'yes' when they first entered these programs were given the opportunity to decline to participate in this study.

III) PROGRAM DESCRIPTIONS:[6]

Family Services offers two specific programs for persons effected by addiction in their families. Persons who access services come from a range of backgrounds. The two programs featured in this evaluation are the **Family Awareness Program**, also referred to as the **Family Evening Program**, and the **Family Recovery Program**, also referred to as the **Family Day Program**. These programs, which serve clients effected by others' chemical and/or gambling problems, use a small and large group format.

The **Family Awareness (Evening)Program** is 20 hours in length offered in 21/2 hour sessions one night weekly for a period of 8 weeks. The **Family Recovery (Day) Program** is 36 hours in length, offered two mornings a week for a period of 6 weeks.

Criteria for inclusion in these programs include people who:

- have grown up in a family where the parent(s), or other significant adults,
- were harmfully dependent upon alcohol, drugs, gambling or other addictions.
- are currently living with someone who is actively addicted.
- have a friend, co-worker, employer or employee who is actively addicted.
- may have been actively addicted themselves at some point in their lives, have experienced a minimum of 6 to 12 months of sobriety/abstinence, and wish to explore the effects of addiction on their family system.

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[5] A copy of the Exit Form is included as an appendix to this report.

[6] The section of this report relating to program descriptions was developed by the facilitators of the Family Recovery and Family Awareness Programs.

3.1) Program Goals:

The goal of the **Family Awareness (Evening) Program** is:

> ***To create an awareness of addiction and its effect on the family and to begin to process personal issues in a safe environment.***

The goal of the **Family Recovery (Day) Program** is:

> ***To move beyond an awareness of addiction and its effect on the family and to enter into an in-depth process of personal recovery.***

3.2) Program Objectives:

The objectives of the **Family Awareness (Evening) Program** are:

- **That clients will understand the dynamics in families affected by addiction**
- **That clients will experience reduced effects of addictions on their families**
- **That clients will increase the use of appropriate coping and problem solving strategies**
- **That clients will experience reduced isolation through human interaction**
- **That clients will learn to express feelings more appropriately**
- **That clients will have an increased sense of hope**
- **That clients will have increased self-esteem**
- **That clients will develop healthier relationships**

The objectives of the **Family Recovery (Day) Program** are:

- **That clients will experience reduced effects of systemic addiction on themselves**
- **That clients will have begun to move from an external to internal locus of control**
- **That clients will have develop a healthier relationship with 'self,' emotionally, mentally, physically and spiritually**
- **That clients, utilizing their new coping and problem-solving strategies, will be empowered to make healthy life choices**

3.3) Format and Content:

i) Family Awareness (Day) Program:

Format:

-Check-In
-Lecurette
-Small Group
-Large Group
-Personal Reflection Time
-Check-Out
-Symbol/Ritual

Content:

-Addiction
-Feelings
-Co-Dependency
-Boundaries
-Shame
-Reflect Back
-Relations/ Communication
-Caring For Ourselves

ii) Family Recovery (Evening) Program:

Format:

-Check-In
-Processing Of Individual & Group Issues
-Input/Process: Psychodrama, imagery, focusing, etc.
-Personal Reflection Time
-Small Group
-Check-Out
-Symbol & Ritual

Content:

-Families & Addiction
-Shame
-Boundaries
-Creative Visualization & Affirmations
-Focusing
-Inner Child
-Communication Patterns
-Roles
-Grief
-Myths & Beliefs
-Shame
-Boundaries

3.4) General Comments About the Programs:

In the **Family Awareness (Evening) Program** the emphasis is on education over process. Clients are introduced to:

- **Relaxation Imagery** to begin a process of stress reduction, and begin the connection with their inner-selves;
- **Guided Imagery** to open themselves to the right side of the brain where insights, symbols and memories will lead the way to their healing (often by touching the sources of their belief systems;
- **Drawing** to open themselves to new ways of obtaining information.
- **Sculpting** to touch their experience through the body.

The **Family Recovery (Day) Program** with an emphasis on process over education expands upon the complementary ways of addressing life issues introduced in the Awareness Program and invites clients to processes of:

- **Focusing** to assist clients to return to their feelings by reconnecting them with their bodies;
- **Psychodrama** to lead clients to insights through experiential enactments;
- **Journalling** to assist in concretizing inner experience;
- **Body Movement** as a means of reconnecting to the wisdom of the body;
- **Sandtray Therapy** a client-centred means offering the opportunity for internal movement and insight.

The Family Services Team uses a systems approach to address the addictive processes in families. A *resiliency* approach underlies the process from the beginning.

Counsellors do not see the family as "ill" but rather as responding as well as possible to the dynamics created by addiction in the system. Addiction is addressed as a process which is manifest in various addictive behaviours.

Group is a healing vehicle for family members as it immediately addresses the restrictive family rules of the addictive system. By virtue of their presence and participation group members break the "don't talk, don't trust, don't feel" rules that have often been their life experience. Learning within group context is experiential. The programs offer the group process as a lab for life, encouraging clients to practice new ways of relating and behaving. The Programs are spread over time so that learning from group, insights and personal transformation can be practised outside of group and them brought back for processing. In several aspects both groups have moved from the norm in terms of clinical group practice:

Open Group (i.e. the group runs continuously throughout the year with clients joining and leaving on a regular schedule allowing for a large overlap) has provided an effective way for clients who experience the leave-taking of other clients to touch unaddressed grief issues. The trust level in groups stays strong and people are drawn away from isolation into trust and intimacy. Evidence of this is in the client-initiated formation of the **Christie House Family Services Alumni** which has as one of its goals - "staying connected".

The groups offered by AFM Family Services are unique in that clients who are themselves recovering from personal addiction share the group with effected persons, as they look at their family issues.

IV) INFORMATION PROVIDED THROUGH THIS REPORT:

The focus of this report is on how study respondents perceived the services they

received through these two programs. ***Satisfaction measures*** are employed in this analysis, which are distinct from ***outcome measures***. Outcome evaluations *measure* change over time (eg. comparing performance indicators recorded prior to and following service delivery to determine the degree to which clients' situations varied at different time intervals). Satisfaction evaluations, on the other hand, reflect how respondents feel about the services they received. The specific areas of analysis included in this report are:

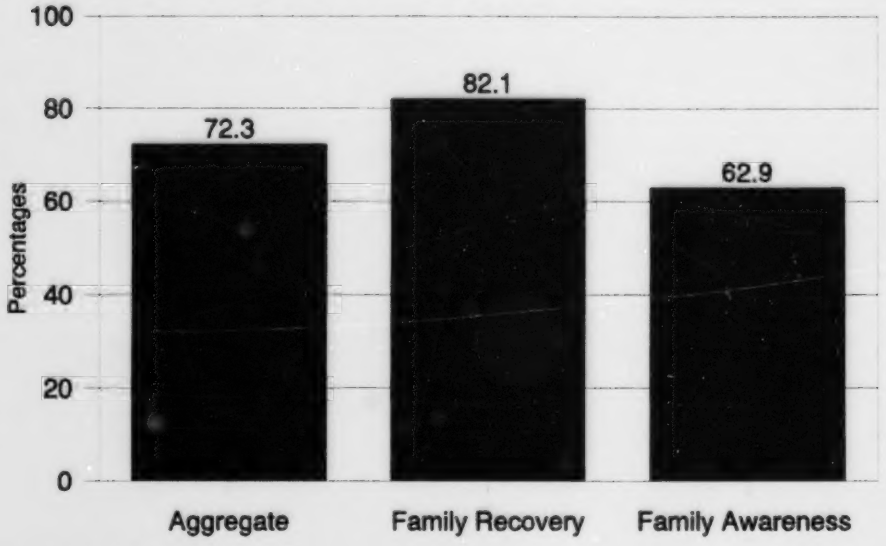
- Respondents' waiting periods, and how they fared during this time;
- The extent to which respondents felt they were able to recognize a chemical dependency problem in themselves or someone else;
- Whether respondents felt they learned new ways to cope with their problems through the program;
- Whether they experienced change as a result of the programs, and the nature of that change;
- How helpful they felt program activities or materials were to their situations;
- How they evaluated the attributes and abilities of the primary and secondary group facilitators;
- Which areas, if any, they felt needed more emphasis in the Family Program;
- What they felt they gained through the program;
- Their global satisfaction with the services they received through the AFM;
- The degree to which they felt they would either use the program again, if a similar problem arose, or would recommend the program to someone else with a problem similar to their own.

V) EVALUATION RESPONSE RATES:

During the study period, a total of 482 clients attended either the Family Recovery Program or the Family Awareness Program. Of these, 343 consented to participate in this evaluation. In the aggregate, of those who consented, 249 completed the Exit Questionnaire, reflecting a **72.3% response rate** for the exit form (Figure 1). In terms of the two individual programs, 218 clients attended the **Family Recovery Program** during the study period. Of these, 173 consented to participate in the evaluation, and 142 of these completed the Exit Questionnaire (a response rate of **82.1%**).

A total of 264 clients attended the **Family Awareness Program** during the study period. Of these, 170 consented to participate in the evaluation. One hundred and seven of those who consented actually completed an Exit Questionnaire, resulting in a **62.9% response rate**.

Figure 1 Response Rates To The Family Exit Evaluation: Aggregate & By Program



(N=343; 173; 170)

VI) TECHNICAL NOTES:

6.1) Descriptive Statistics:

Descriptive statistics constitute a primary basis of analysis. These measures include frequency counts/percentage breakdown; mean; mode; and median.[7] This report employs the use of mean or average findings.

- The ***mean*** **(average)** is a measure of central tendency for continuous variables calculated as the sum of all scores in a distribution, divided by the number of scores.

6.2) Measures of Association:

Measure of association includes statistics that show the direction and/or magnitude of a relationship between two or more variables. Depending upon the nature of the data, different statistical procedures are used to measure association. The most commonly used statistical procedures include: **Chi Square** and **T-Test**.

Chi Square:

Chi Square is used when comparing ***nominal variables***. Examples of nominal

[7] References within this section are derived from Bohrnsedt and Knoke; ***Statistics For Social Data Analysis, Second Edition***; F.E. Peacock Publishers, Inc.; Itasca, Ill.; 1988

variables include gender, ethnicity, hair colour, and so on. In these instances, there are no inherent empirical values which are associated with the variable (for example, *brown* hair as opposed to *red* hair): there is nothing indicating that one hair colour has more inherent 'value' than another.

Chi Square (represented as the symbol χ^2) is as a test of statistical significance based on a comparison of the observed cell frequencies of a ***crosstabulation***, or ***contingency table***, with frequencies that would be expected under the ***null hypothesis*** of no relationship. Where the resulting data conform to the ***expected distribution*** of cases across the cells of the contingency table, it is assumed that there is no statistical relationship between the variables being examined. That is, that one variable is not seen to affect the other. Where the actual distribution of cases varies from the expected distribution of cases across this table, a relationship between the variables under review is assumed.

In order to test whether there is a ***significant*** statistical relationship between the variables under review, two additional factors must be examined. These include the ***Degrees of Freedom*** (***df***) associated with this table, and its ***level of probability*** (***p***).

Degrees of Freedom is a factor of the construction of the contingency table. It is derived by calculating the number of rows in the table (minus 1) by the number of columns in that table (minus 1). The formula then reads DF=(R-1)(C-1). A two-by-two contingency table would have 1 Degree of Freedom (2-1)(2-1). Similarly, a four by five contingency table would have 12 Degrees of Freedom (4-1)(5-1). Degrees of Freedom is an important element in this analysis, in that it refers to the potential for cell entries to vary freely, given a fixed set of marginal totals (ie column and row marginals).[8]

Probability asks the question: how ***likely*** is it that the relationship observed in the sample data could be obtained from a population in which there was no relationship between the two variables? If it can be shown that this probability is very high within the general population then, even though a relationship exists in that larger sample, it is concluded that the two variables are not related. Only if the probability that the relationship being examined could have been created by sampling a population in which no relationship exists were small, would it be concluded that a ***statistically significant*** relationship exits.

As a minimal standard, probability must be at least **.05** or less ($p < .05$) in order for there to be a finding of significant difference. That is, in order for the data to be found significant, it would be expected that the results which were obtained would be found within the general population less than five times out of a hundred. A probability of .001 means that the likelihood of a specific distribution occurring by chance or error is one in one thousand.

T-Test:

T-test is used to determine whether there is a statistically significant difference between the mean scores of two groups. There are three primary factors which play a part in

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[8] Ibid, pps 118-121.

t-tests: ***Degrees of Freedom***; ***Standard Deviation*** (sd); and ***Probability*** (p).

Standard Deviation is a measure of the degree to which the range of scores either clusters around the mean, or is more widely ***dispersed***, or spread, along a given scale. The value of standard deviation lies not only for describing the distribution of scores, but it assists in the comparison of the two populations under review. Descriptions of **Degrees of Freedom** and **Probability** have been provided in the preceding section.

ANOVA:

Analysis Of Variance (ANOVA) is a statistical test of the differences of means between two or more groups. In ANOVA, the observed variability in the sample is partitioned into two parts: the variability within groups (around the group mean), and variability between groups. An ANOVA model provides an opportunity to test the ***null hypothesis*** that all sample means are drawn from the same population, and are therefore all equal. That is, that there is no difference between the means derived from the sample populations. In order to reject the null hypothesis, it would be necessary to demonstrate that one of the following conditions exists:

- That the means from all populations are different from each other;
- That the subset of the population means differ from one another; or
- That some other combination of the means is different from some single mean, or from some other combination of means.

In order to determine the significance of the ANOVA, it is necessary to explain how the means differ from one another. The operational statistics of ANOVA are the ***Degrees of Freedom***, ***F Ratio***, and the ***probability of F***.

The **F Ratio**, which is the between group mean squares divided by the within group mean squares, compares the variability of the two sources. If the between group variance is significantly larger than the within group variation, the size of the F Ratio will be relative large.

Determining the **Probability of F**, when using ***repeated measures***, provides some additional challenges. Generally, a standard probability of F will suffice when testing the significance of all cases provided (i.e. including all respondents who do not provide responses at all possible junctures). However, in order to accurately test the **Probability of ANOVA** where repeated measures are being used, P is adjusted by the ***Huynh-Feldt Epsilon***, to account for the correlation of the same cases over time.

CHAPTER TWO
RESPONDENT AND CLIENT POPULATION PROFILES

I) BACKGROUND:

This chapter examines how representative the study sample was vis-a-vis the total client population during the study period. This includes their primary demographic characteristic and those social indicators tracked by the AFM.

1.1) Methodology:

This analysis compared findings from two distinct datasets. The first included all clients who attended the Day and Evening Programs during the term when data collection was undertaken. The second dataset is comprised of the same information related to study respondents. To identify this latter subset, all evaluation forms contained clients' distinct client codes. This code is included with all client-based intake and assessment forms. Using client code as a link, the evaluation dataset was merged with the Family Services Intake and Assessment datasets, which facilitated this comparative analysis.

II) A COMPARATIVE PROFILE:

2.1) Client & Respondent Demographic Characteristics:

There are seven variables included in this analysis: gender, age, marital status, living arrangements, education, employment status, and the number of jobs held during the preceding five years.

i) Profile By Gender:

Females comprise the large majority of both Family Service clients and study respondents. In both instances, just under three-quarters of these individuals were female (Figure 2). Parenthetically, this is the reverse finding for all other AFM programs (in which approximately two-thirds of all clients are male).

ii) Profile By Age:

There was no difference in the ages of study respondents and the larger Family Services client population (Figure 3). In both cases the largest percentage of clients was 35 to 50 years of age (52.5% of the sample and 45.8% of the total client population). These clients were followed by 25 to 34 year olds (22.3% of both groups) and by those 51 to 64 years of age (17.3% and 20.3%, respectively). Only 3.9% of the study sample, and 4.7% of the total client population, were between 18 and 24 years of age. Similarly, clients over 65 years constituted 3.9% of the study sample, and 6.0% of the total client population.

iii) Profile By Marital Status:

Respondents' and clients' marital statuses were also very similar to one another (Figure 4). In both cases, the majority of individuals were married or living in common-law relationships when they completed the intake forms (61.9% of the sample and 57.8% of the total population). The remainder of these individuals were either separated, divorced, widowed or had never married.

Figure 2 Comparing Study Sample & Program Population: By Gender

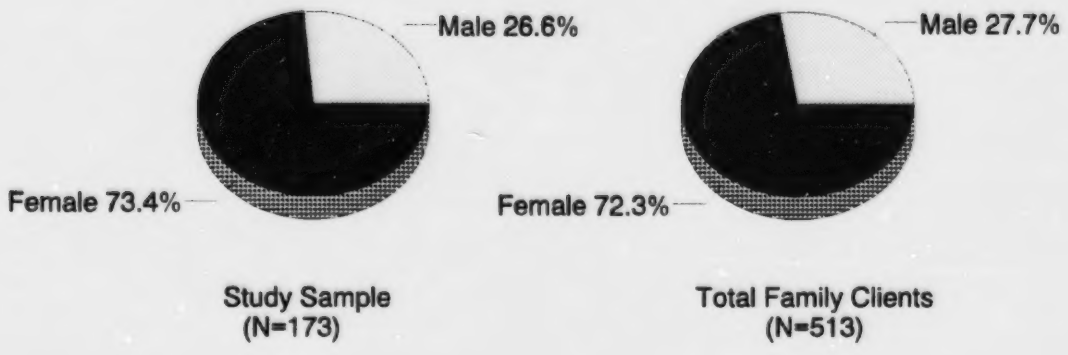
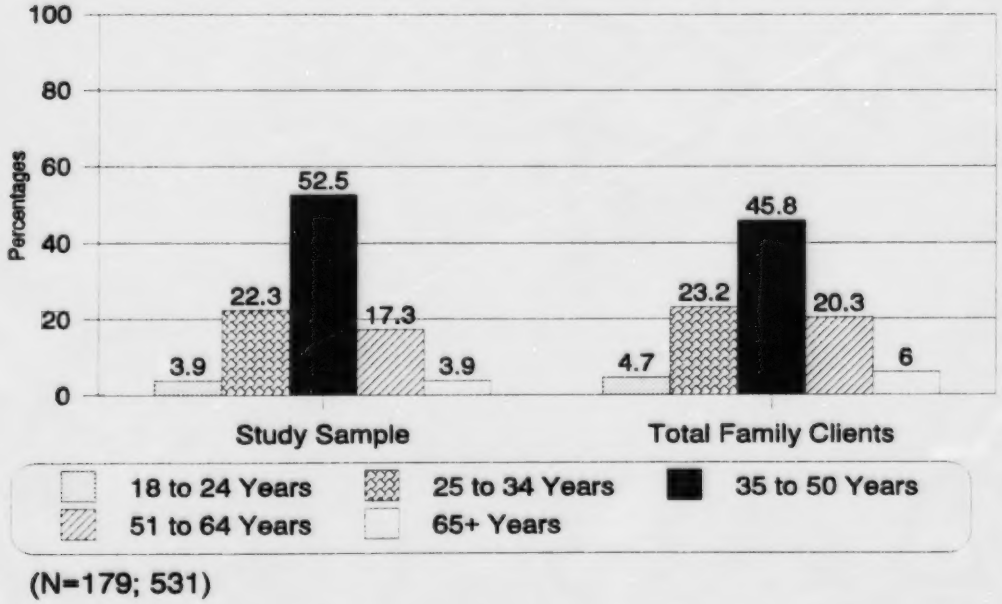
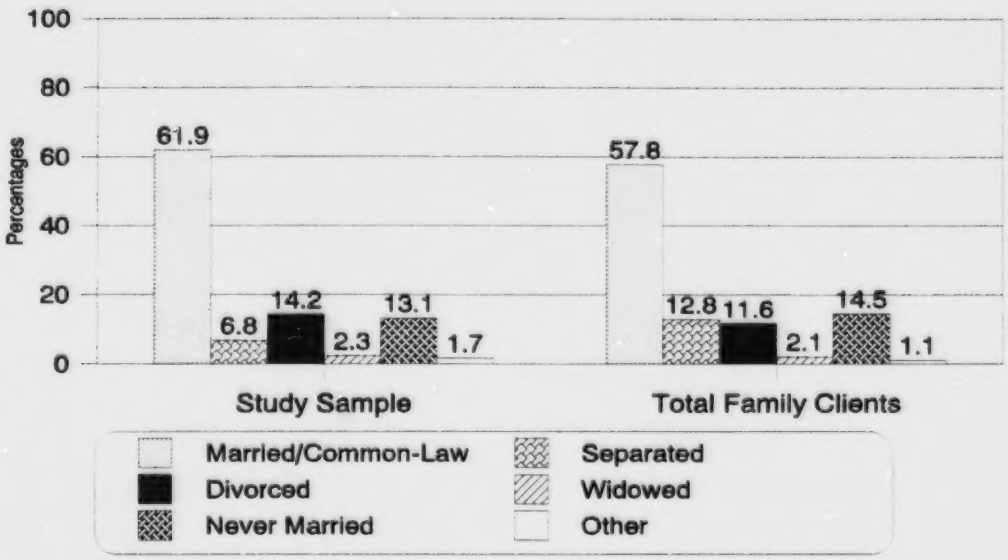


Figure 3 Comparing Study Sample & Program Population: By Age



(N=179; 531)

Figure 4 Comparing Study Sample & Program Population: By Marital Status



(N=176; 524)

iv) Profile By Living Arrangements:

The majority of respondents and the general client population resided in their own residences (68.4% and 64.5%, respectively) (Figure 5). Of the remainder, about one-quarter rented, and the remaining respondents either lived with their parents, lived with other relatives, or had some *other* living arrangement.

v) Profile By Education:

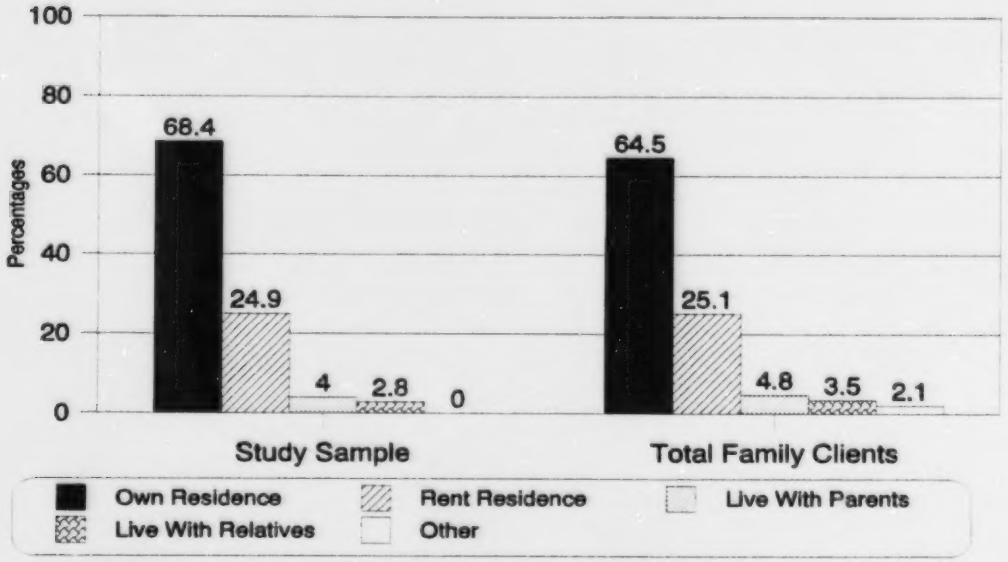
There was a wide range of responses to the question of educational attainment, although once again there were no notable variations in responses from respondent sample and the client population (Figure 6). There were three clusters of individuals in both groups: those with a complete high school education (21.7% and 28.7%, respectively); those with a complete community college certificate (22.3% and 18.3%), and those with a complete university degree (24.6% and 18.6%).

The rest reported less than a grade 12 education (13.7% and 13.8%), an incomplete course at a community college (5.7% and 4.7%), an incomplete university degree (6.9% and 10.3%), or some 'other' form of education (5.1% and 5.6%).

vi) Profile By Employment Status:

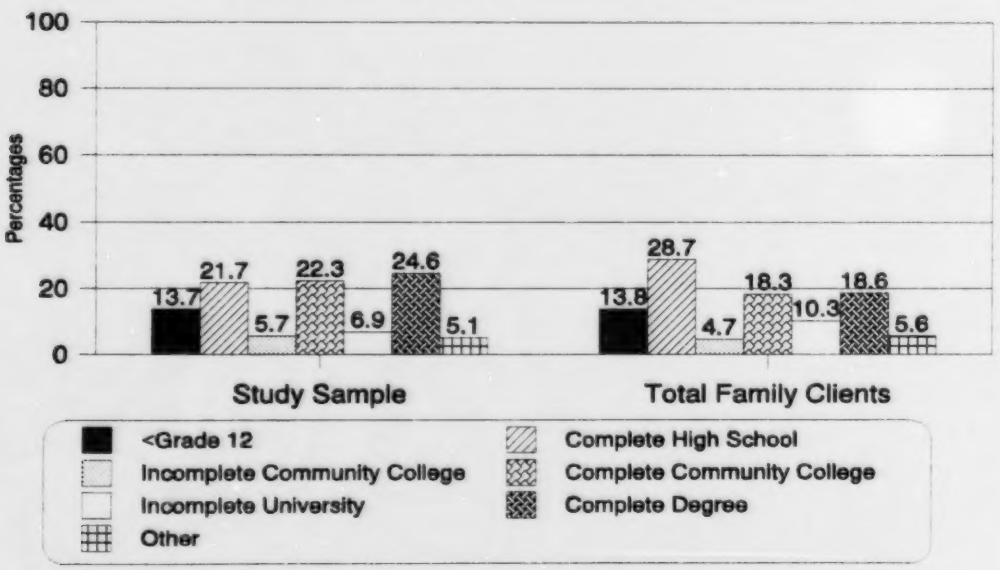
Most respondents and the general client population were employed when they entered AFM Family Services (57.6% and 62.6%, respectively) (Figure 7). The remaining employment categories were indicated by between 5% and 12% of both respondents

Figure 5 Comparing Study Sample & Program Population: By Living Arrangements



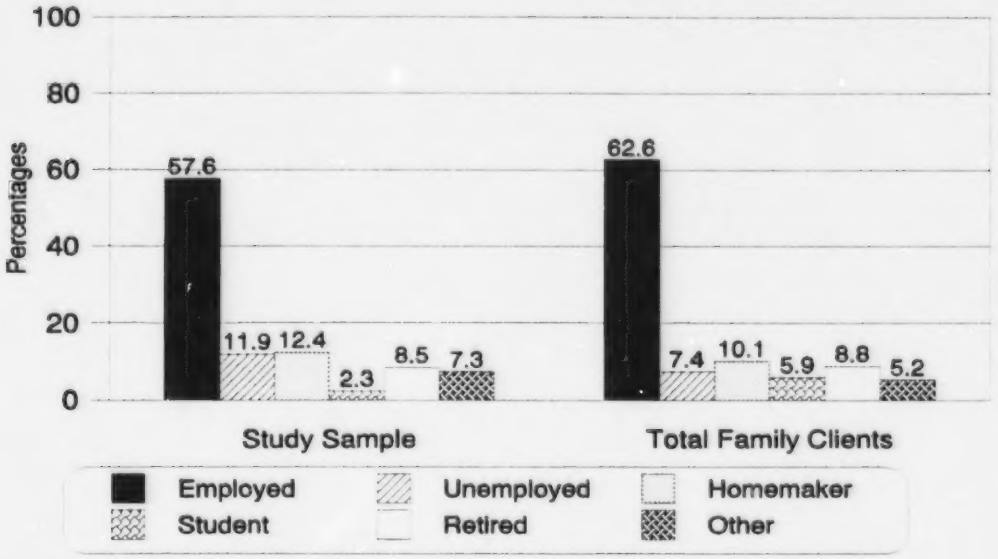
(N=177; 521)

Figure 6 Comparing Study Sample & Program Population: By Educational Attainment



(N=175; 515)

Figure 7 Comparing Study Sample & Program Population: By Employment Status



(N=177; 524)

and the client population. This includes those reporting being unemployed, homemakers, retirees, and those reporting some 'other' employment status.

vii) Number Of Jobs Past Five Years:

As one measure of social stability, all clients who reported being employed when they approached the AFM, were also asked how many jobs they had held during the preceding five year period. Both respondents and the overall client population reported employment stability. In fact, 78.7% of the study respondents reported having one or two jobs during the preceding five years (with 60.9% reporting one job during this period). Similarly, 78.2% of the total client population reported one or two jobs during this period, with 54.9% reporting a single work situation (Figure 8). At the other end of the continuum, 13.7% of the study respondents reported four of more jobs during the past five years, as did 9.6% of those in the larger Family Services client population.

2.2) Selected Social Indicators:[9]

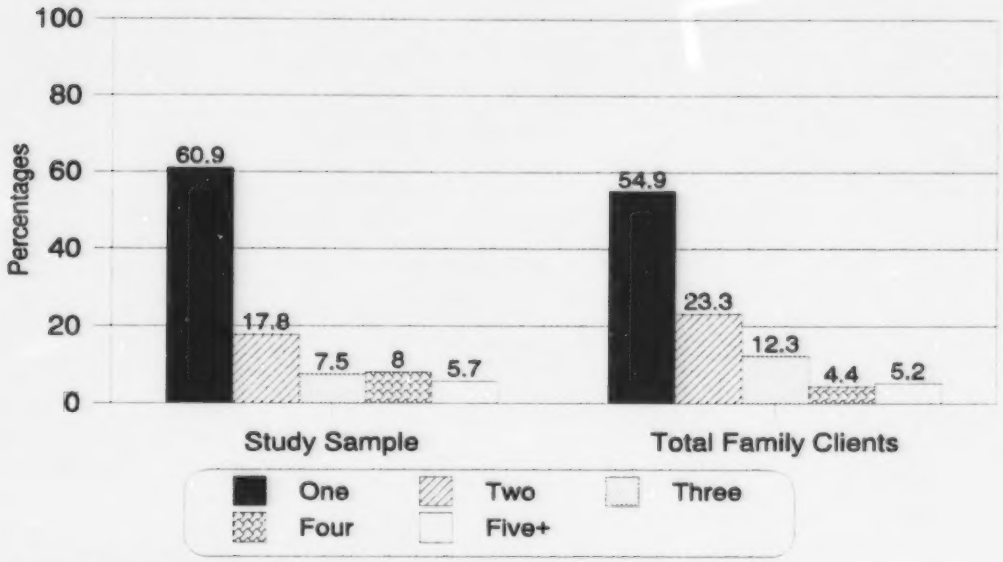
The following indicators relate to the effect of addictions and social functioning.

i) Did Their Using &/Or Gambling Impact On Employment?

A small percentage of both respondents and the total population of clients reported that

[9] A more in-depth analysis of client profiles will be included in the second volume of this evaluation: evaluating program outcomes.

Figure 8 Comparing Study Sample & Program Population: By No. Jobs Past 5 Years



(N=174; 481)

their own chemical usage, or gambling practices, caused them problems regarding their own employment (Figure 9). This represented 13.6% of the study respondents and 10.4% of the overall client population.

ii) Did Others' Using &/Or Gambling Impact On Employment?

About one-third of both respondents and the overall client population reported that someone else's chemical usage or gambling patterns caused problems with their own employment (Figure 10). This was reported by 35.8% of the study respondents and 30.6% of the other clients in this analysis.

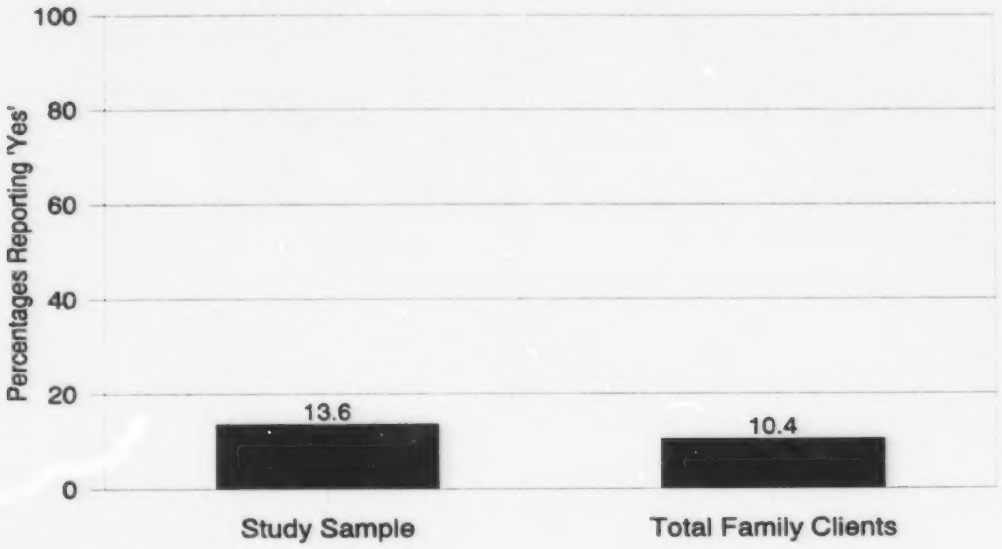
iii) Did respondents And Clients Have Family Members With Problems:

Given the nature of AFM's Family Services, it was not surprising that the majority of clients reported having a family member with either a chemical and/or gambling problem (Figure 11). This question referred to individuals from their family of origin. The existence of chemical or gambling problems, in their families of origin, was reported by 68.5% of the study respondents and 58.4% of the client population overall.

iv) Problems With Current Family Members:

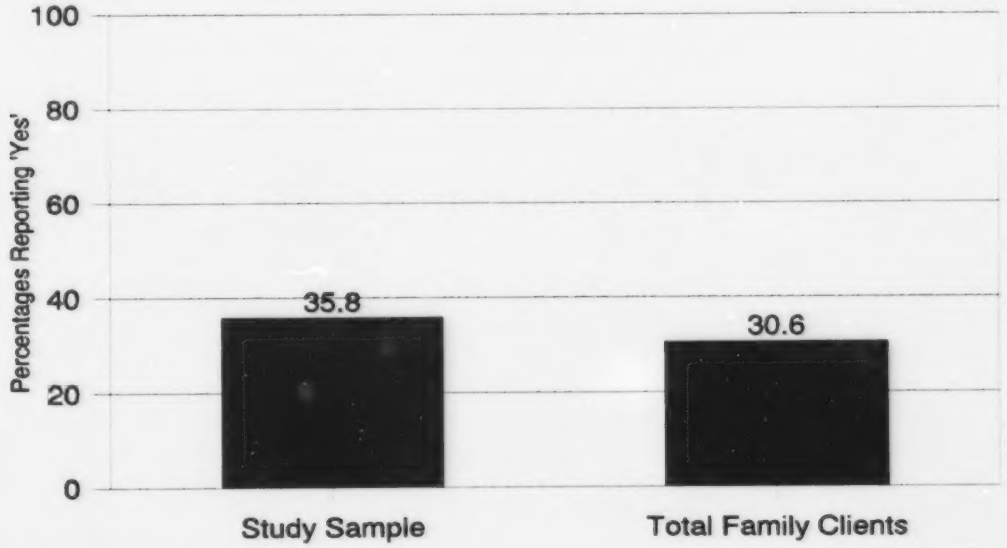
When this same question was posed, with regard to their current family, approximately three-quarters of these individuals reported that current family members either had a chemical and/or gambling problem (76.0% and 75.7%, respectively) (Figure 12).

Figure 9 Has Your Using/Gambling Caused Problems With Your Employment? By Group



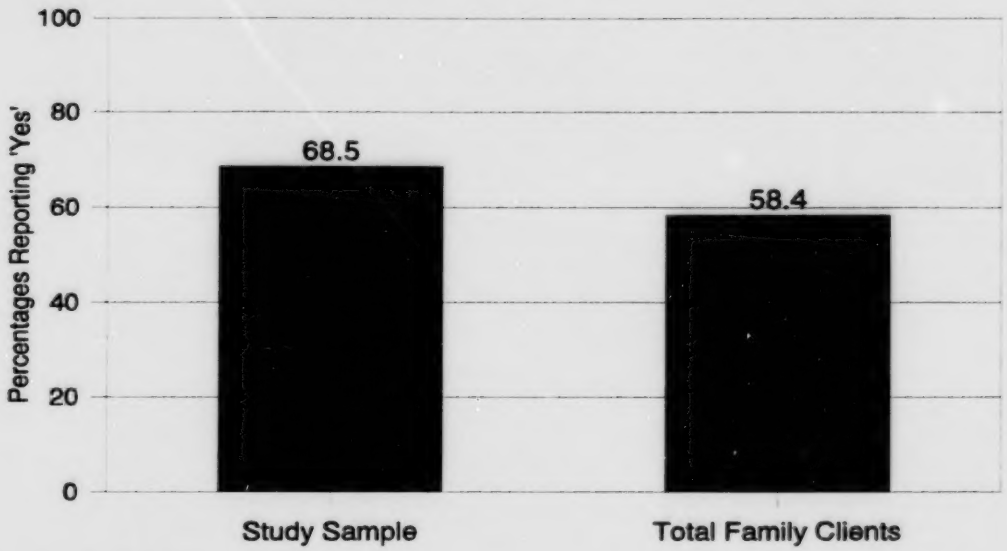
(N=176; 502)

Figure 10 Has Someone Else's Using/Gambling Been A Problem Re. Your Employment? By Group



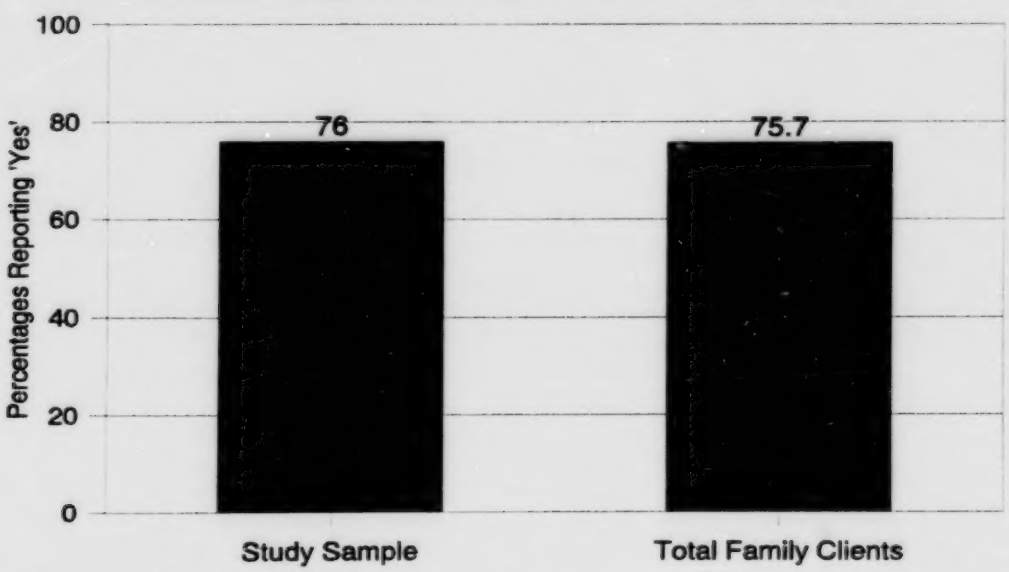
(N=173; 496)

Figure 11 Did Clients Have Family Member With Alcohol Drug Or Gambling Problem? By Group



(N=178; 517)

Figure 12 Do Clients Have Current Family Members With Alcohol/Drug/Gambling Problem? By Group



(N=154; 452)

III) CONCLUSIONS:

This chapter compared the profiles of study respondents (the study sample) and the overall client population, to determine their representativeness. It appears that the profile of the study sample and the overall client demographics population are sufficiently similar to conclude the representativeness of the sample. This was true demographically (in terms of gender, age, marital status, living arrangements, educational status, employment status, and employment stability). It was also true regarding social indicators such as the effects that both chemical and gambling issues had on their employment, and the degree to which family members reportedly had these problems.

PART ONE:

RESPONDENT SATISFACTION MEASURES

CHAPTER THREE
THE STUDY RESULTS

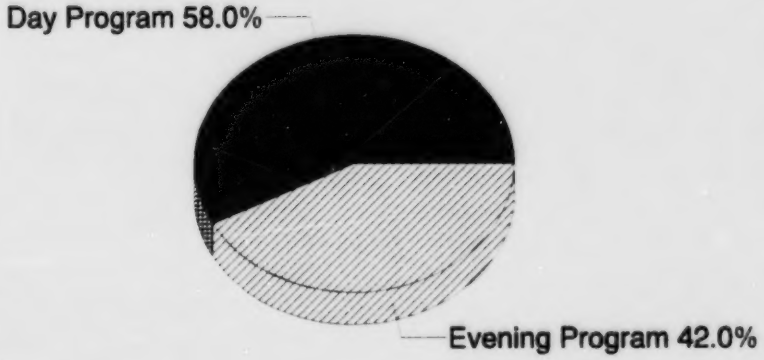
I) BACKGROUND:

This chapter contains the findings of the **Family Services Client Satisfaction Evaluation**. Findings throughout this chapter are presented in the aggregate, and by program. Respondents' comments are presented. These are taken from the open-ended responses included in the study questionnaire, which have been categorized thematically in order to detect trends and variations in comments by program and in the aggregate.

1.1) The Study Sample:

A total of 226 individuals participated in this evaluation. Of these respondents, 58.0% attended the Family Day Program and 42.0% attended the Family Evening Program (Figure 13).

Figure 13 Distribution Of Study Respondents By Family Services Program



(N=226)

II) THE STUDY FINDINGS:

2.1) Evaluating The Waiting Period:

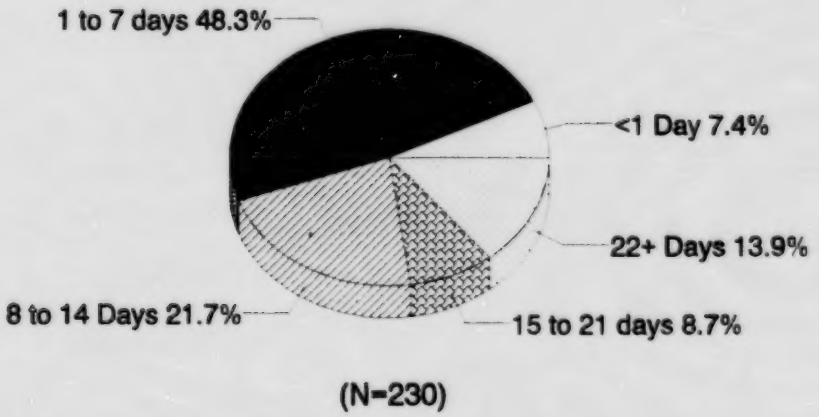
There were two questions in this study related to waiting periods. The first asks respondents how long they waited from the point when they first contacted the AFM until they first saw a counsellor. The second asks them how well they felt they

managed during their waiting-periods. This is followed by a request that respondents, who did not do very well, provide more information about their experiences.

i) The Length Of The Waiting-period:

Overall, 55.7% of all respondents reported waiting one week or less from the time they first approached the AFM until they saw their counsellor (Figure 14). An additional 21.7% of the respondents waited from 8 to 14 days, 8.7% waited 15 to 21 days, and 13.3% waited 22 or more days for this to occur.[10]

Figure 14 Time From Respondents' First Contact With AFM And Seeing A Counsellor: Aggregate



(N=230)

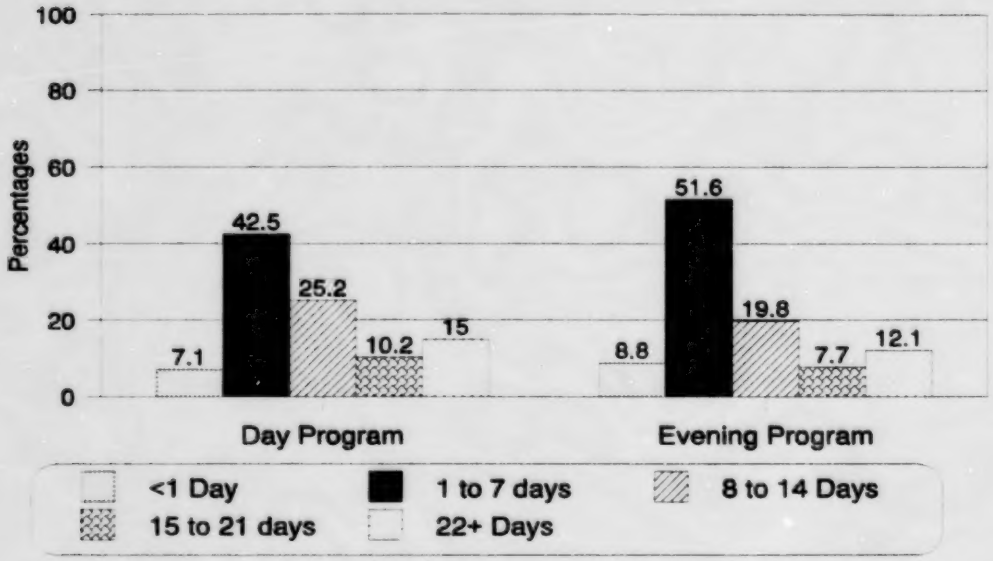
Analysis By Program:

About half of the respondents who attended the Family Day Program (49.6%) reported waiting one week or less to enter the program, while another 25.2% reported waiting up to two weeks (Figure 15). The reported waiting-period was somewhat shorter for clients in the Family Evening Program: 60.4% reported waiting one week or less, while 19.8% waited up to two weeks to enter the Evening Program. The remaining

[10] In discussions with program facilitators, the following ***addendum*** was provided with regard to waiting periods. Most clients make their initial contact by telephone. Clients are uniformly given the opportunity to see a counsellor within one week of that call. Clients sometimes defer that first meeting due to a number of external factors, including work schedules and childcare issues. Where long waits occur, these are generally related to clients who are waiting for the next available group to commence.

respondents waited 15 or more days to see a counsellor. These variations are not considered statistically significant (n=218; χ^2=2.52; df=5; p=.77).

Figure 15 Duration Between Respondents' First Contact With AFM And Seeing A Counsellor



(N=127; 91)

ii) How Well Did Respondents Manage During Waiting-period:

A second related question looked at how respondents managed during their waiting-period. From the data, it appears that these respondents generally managed either 'very well' while waiting to enter the program (30.9%), or they managed 'okay, but not great' (60.9%) (Figure 16). Of the remainder, 6.4% reportedly managed 'not very well,' and 1.7% reported managing 'poorly.'

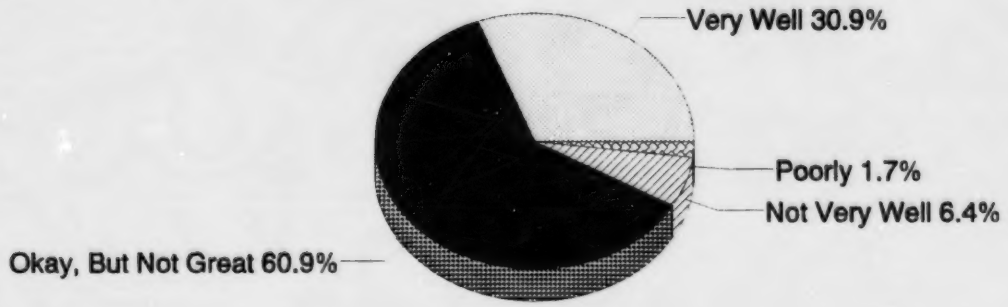
Analysis By Program:

There was little variation in these findings by program. Almost all respondents, regardless of the Family Program they attended, had either managed 'very well' or 'okay' during their waiting-periods (Figure 17). This was the case for 90.6% of the respondents from the Day Program, and 92.5% of those from the Evening Program. These variations, by program are not considered statistically significant (n=220; χ^2=3.15; df=3; p=.37).

iii) Correlating Waiting-periods And How Respondents Managed:

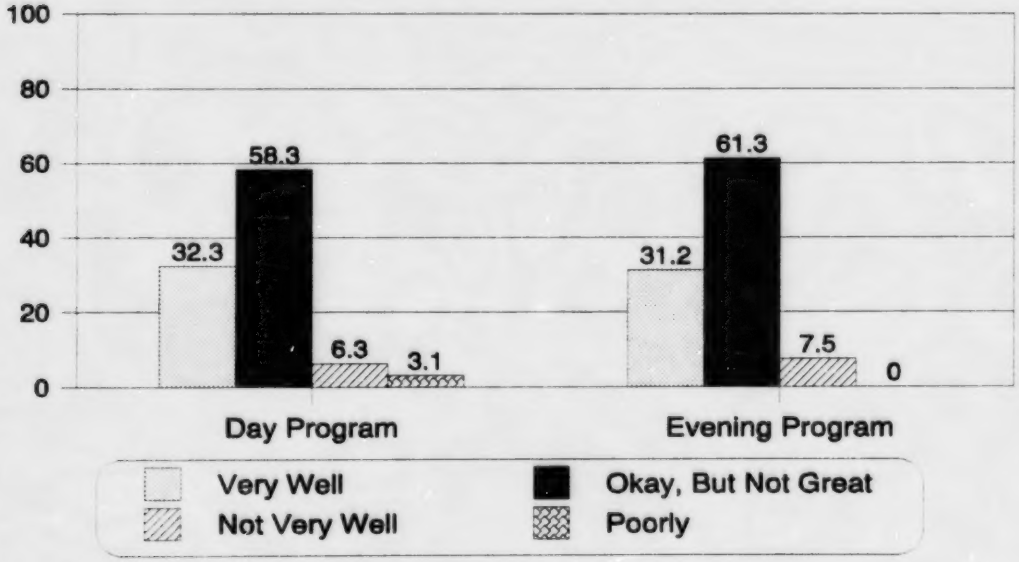
To what degree is there a relationship between the length of time respondents waited to enter a program, and how they reported managing during this period? To answer this question statistical tests were run to correlate these two factors.

Figure 16 How Had Respondents Managed During This Waiting Period? Aggregate



(N=233)

Figure 17 How Had Respondents Managed During This Waiting Period? By Program

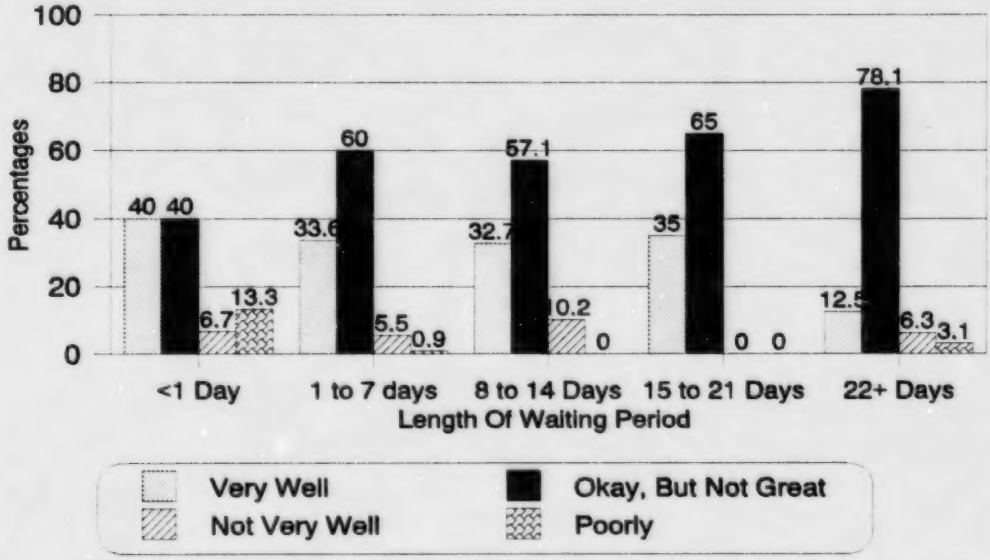


(N=127; 93)

Of the eight respondents who reported doing 'not very well' during the waiting-period, three (37.5%) were seen within one week of approaching the AFM, while the remaining five (62.5%) were seen within 1 to 2 weeks. Of the four clients who reported doing 'poorly' during their waiting-period, two were seen on the day they first approached the AFM, one was seen within the first week, and one was seen 22-28 days after first coming to the AFM.

The large majority of these respondents managed at least 'okay' during the waiting-period to see a counsellor. However, there was a statistically significant relationship between waiting-period and how they managed, when the aggregated data are considered. The longer the waiting-period, the less likely respondents were to report doing 'very well,' and the more likely they were to report doing 'okay, but not great' (Figure 18). For example, 40.0% of the respondents who were seen by a counsellor on the day they first approached the AFM reported doing 'very well' during this period, while another 40.0% reported doing 'okay, but not great.' Conversely, only 12.5% of the respondents who waited 22 or more days to see a counsellor reported doing 'very well' during this time-period, while another 78.1% reported doing 'okay, but not great' (n=226; χ^2=23.09; df=12; p=.027).

Figure 18 Correlating Waiting Periods With How Respondents Managed: Aggregate



(N=15; 110; 49; 20; 32)

Analysis By Program:

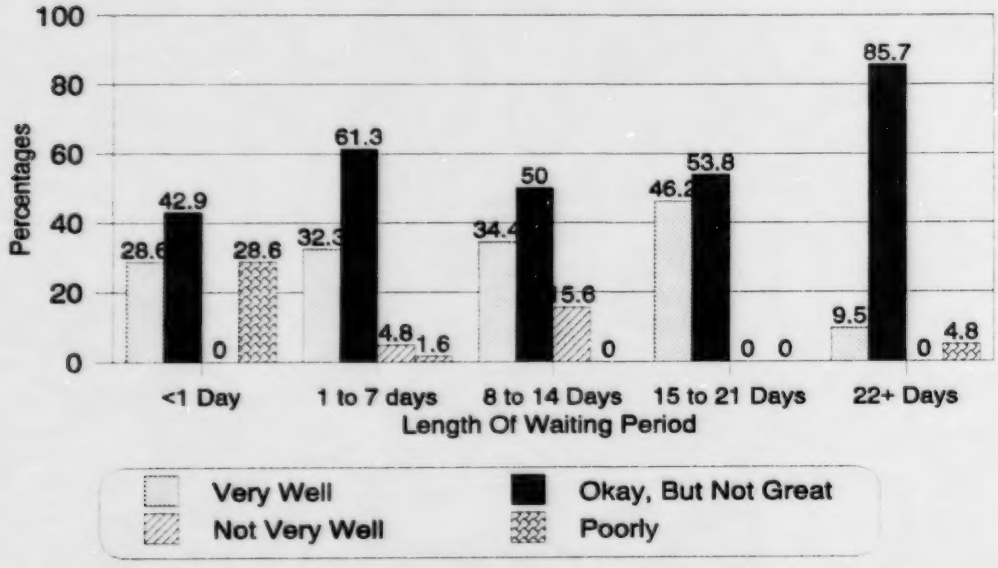
Day Program:

There is a correlation between waiting period and how clients fared was stronger for

clients who had attended the Family Day Program (n=135; χ^2=32.63; df=12; p=.001) (Figure 19). Three or the respondents who attended this program reported doing 'poorly' during their waiting period. However, one of these saw a counsellor the same dat that she or he had first contacted the AFM, and another one of these respondents was seen during that first week. The most direct relationship appears related to respondents who reported doing either 'very well' while waiting to see a counsellor, or doing 'okay, but not great.' However, there is no very clear cut trend, as the percentage of respondents who reported doing 'very well' is actually higher for those who waited from 15 to 21 days (46.2%) than it was for those seen the same day as their first contact (28.6%).

This finding may indicate that a successful form of *triage* has been developed for the Family Day Program, through which the most urgent situations are seen most expediently, while others for whom there is less urgency are seen later.

Figure 19 Correlating Waiting Periods With How Respondents Managed: Day Program



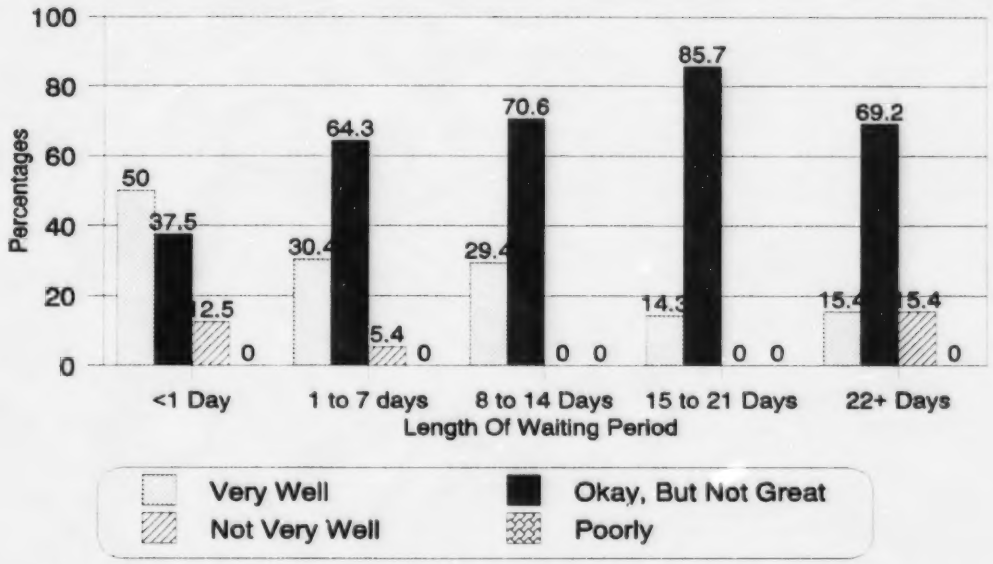
(N=7; 62; 32; 13; 21)

Evening Program:

In terms of the Evening Program, no statistically significant relationship emerged with regard to waiting periods and how respondents managed during that time (n=101; χ^2=8.12; df=8; p=.4) (Figure 20). However, notwithstanding the lack of statistical significance, respondents seen the same day were most likely to report doing 'very well' during this waiting period, while the percentage of those who reported doing well decreased with the length of the wait. There was a commensurate increase in the

percentages of respondents who reported doing 'okay, but not great' during these time frames. At the extreme end, almost all of the respondents who waited from 15 to 21 days reported managing 'okay' during this period, as did 69.2% of those who waited 22 or more days. None of these respondents reported managing 'poorly' while waiting to either see a counsellor or enter group.

Figure 20 Correlating Waiting Periods With How Respondents Managed: Evening Program



(N=8; 56;17; 7; 13)

iv) Respondents Expanded On Their Responses:

Respondents who reported not doing very well during the interim waiting-period were asked to describe the problems or situations they had experienced. This was an open-ended question. Sixty-nine clients responded, some citing multiple factors. Each response (except two dealing with scheduling difficulties) was placed into one of four categories. Responses were not multi-coded unless indicated. The categories were:

- Respondents' State of Mind
- Reported Crisis
- Family Member's Addiction
- Comments About the Program

Respondents' State Of Mind:

The majority of respondents who provided additional comments (42 of 69/60.9%) discussed their emotional state. Respondents said they felt "stressed out," "anxious," "worried," "depressed," "scared," or "confused" while waiting for the program to begin. Some examples of typical responses are given below.

High anxiety, just out of an abusive relationship.[11]

I was anxious and nervous. Also, considered phoning and cancelling my appointment.

I was feeling anxious and worried about my son.

I felt a great sadness, almost a mourning.

My depression seemed to be getting worse, I was becoming angry all the time and found it real hard to smile or just be happy.

Stress in my life with (an) alcoholic husband was affecting my job performance at work.

I felt I would not manage my life.

The wait between meeting the counsellor and starting the session was about 2 months. That wait was hard because I was grieving and needed support.

I was very 'stuck.' Past learned behaviors and thinking were haunting me.

Anxious to get into program because I wanted tools to deal with how I was feeling.

Waiting for counselling and support is difficult when you feel so isolated and alone.

Reported Crises:

Nine respondents talked about their life as being "in crisis," or about serious events that had occurred. Most of these responses are provided below. (One additional reference to crisis is included under *Comments about the Program*.)

Trying to cope with all the crisis in my life, my daughter and I were separated for three weeks.

(I was) in the midst of a separation.

I just broke up with my boyfriend. I was co-dependent and in withdrawal.

(My) husband is alcoholic and very controlling. Recent separation.

---

[11] Text presented in bold-italics represent respondents' verbatim comments.

Stressed out due to husband's addiction and attempt at suicide.

Crisis with partner and drug problem as well as my own co-dependency.

I was seeing a counsellor at work but wasn't able to deal with my separation yet, so no progress.

My husband and I had just separated and I was very emotional at the time. I needed very much to talk to someone.

Family Members' Addictions:

Five respondents explicitly noted addiction problems in the family, while another five cited difficulties coping with these problems, as the reason they did not do very well during the waiting-period. A sample of these comments is provided below:

(My) spouse's drinking and behaviour and my handling of it.

A family member (my son) is a drinker and I worried and my daughters worried.

Our daughter had been constantly drunk for 3 months.

My husband was still drinking, and I was still hiding in my own protective shell.

Not sure of how to handle certain situations... (I) need encouragement.

Stress, fear, sick feeling regarding what to do about addicted person - daughter.

I realized I am co-dependent and needed to help myself before I can really help others in different ways than I would have in the past - empowerment.

Comments About The Program(s):

Six respondents commented on their contact with the program during the waiting-period. Four of the comments were positive, with respondents expressing appreciation regarding the assistance they received from a counsellor over the phone (3), or the speed with which they were able to get into the program (1). One respondent expressed dissatisfaction with initial phone contact, while another reported not getting assistance for a crisis in a timely fashion.

I was feeling overwhelmed with pain, so much that I felt panicky and sick, but an AFM counsellor was in touch with me by phone. That was helpful.

I was anxious to get started. AFM was great about getting me into my 1st program (evening program) quickly.

They provided counselling over the telephone until we met, which was a tremendous help.

I had some concerns about my own drinking that the counsellor helped to set my mind at ease.

I felt like I was getting the run around on the phone.

Called one day with Crisis. Waited 4 hours for return call. Later learned about 24 hour Crisis phone line. I was being verbally and emotionally threatened.

2.2) Recognizing Chemical Dependency And/Or Gambling Problems:

Given the goal of AFM's Family Services *to create an awareness of addiction and its effects on the family*, this evaluation examined the degree to which respondents felt they had been helped to recognize chemical dependency and/or other compulsive behaviours in themselves or someone else. Over half of these respondents (59.7%), in the aggregate, reported that this 'very much' occurred, while 32.2% reported that this 'somewhat' took place (Figure 21). Of the remaining 8.1%, 6.4% reported that they did not really learn to recognize these behaviours, while four respondents (1.7%) reported that this did not occur 'at all.'

Analysis By Program:

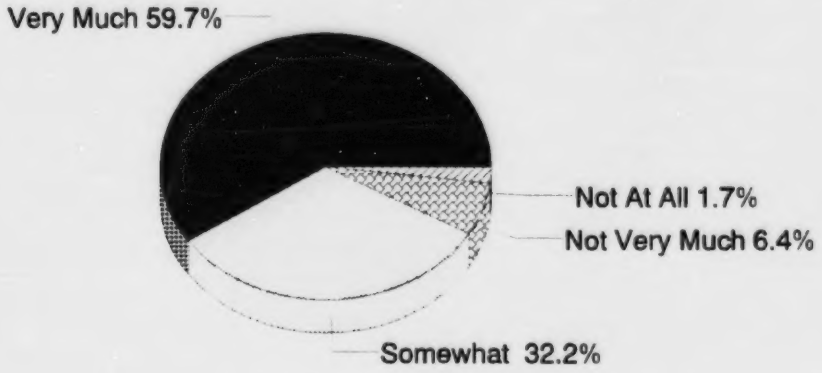
The majority of respondents, across programs, reported being at least 'somewhat' able to recognize chemical or gambling problems either in themselves or someone else (Figure 22). This was true of 90.7% of those in the Day Program and 92.7% of the respondents who attended the Evening Program. These results are not significantly different across programs ($n=224$; $\chi^2=4.74$; $df=3$; $p=.19$).

Respondents' Comments:

Respondents were asked to expand on their responses to this question. These were grouped into four general categories (Table 1):

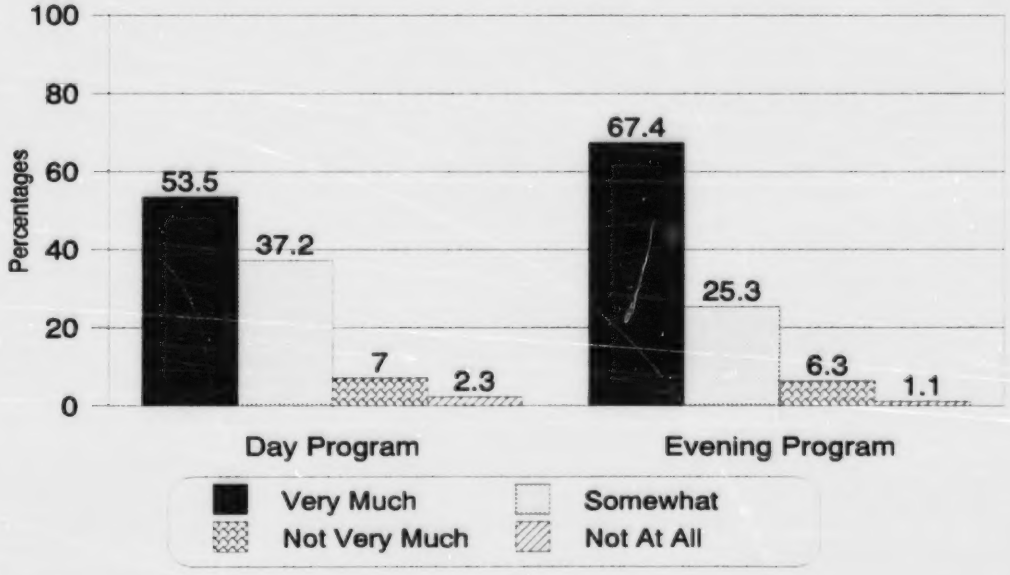
- Respondents who reported that they already knew about chemical dependency or compulsive behaviours
- Respondents who reported an increased awareness of chemical dependency or compulsive behaviours
- Respondents who gave examples of ways they have learned to recognize chemical dependency or compulsive behaviours in themselves and other people
- Respondents who reported learning new behaviours, or who cited what helped them learn about chemical dependency or compulsive behaviours.

Figure 21 To What Extent Did Program Help Respondents Recognize Problems In Self/Others?



(N=236)

Figure 22 To What Extent Did The Program Help Clients Recognize Problems In Themselves/Others?



(N=129; 95)

Table 1 Content Analysis Of Comments Provided: Learning To Recognize Problems In Self And/Or Others

COMMENT	DAY PROGRAM		EVENING PROGRAM		TOTALS	
	N	%	N	%	N	%
Already Knew The Information	23	18	9	11	32	15
Gained Increased Awareness	11	8	6	7	17	8
Learned To Recognize Behaviours	78	58	48	58	126	58
Learned New Behaviours	15	11	16	19	31	14
Other	6	5	4	5	10	5
TOTALS	**133**	**100%**	**83**	**100%**	**216**	**100%**

There were an additional 10 responses that did not fit into these categories. Selected comments within each of these four categories, are presented below.

Respondents Who Already Knew About Chemical Dependency or Compulsive Behaviours:

Thirty-two respondents indicated that they already knew about the family member's addiction. Six respondents said that, while they were already aware of the dependency, the Family Services Program 'reaffirmed' what they knew, or was a needed 'refresher' for them. More respondents from the Day Program indicated prior awareness than did those from the Evening Program (18% of Day Program's responses, compared to 11% of the Evening Program's responses). A selection of verbatim comments is provided below.

> ***I was already aware of a dependency problem and entered the program with a clear view of what I wanted to work on.***
>
> ***(My) spouse has been a member of AA some 20 years, so I knew I lived with addiction.***
>
> ***I already knew I had a problem, I just wanted to know how to stop.***
>
> ***I already thought that there was an alcohol problem, although I'm still not sure if the person is chemically dependent.***
>
> ***I have become very aware through previous programs, but I know how quickly I lose my perspective and need to stay on track.***

(I) have had exposure, to AL-ANON, so (I) had a clue that my behaviour was due to unresolved issues. The program sort of verifies it.

I knew I was an ACOA but life got in the way and this was a good refresher.

One of these respondents noted that her/his ongoing self-help group participation was of greater benefit than was her/his participation in this brief program:

As a regular at a good 12 step group my problem has probably been helped more there than here.

Respondents Who Experienced Increasing Awareness:

There were another 17 responses indicating an increase in awareness. Examples are:

I sort of know what my problem was, it just became more clear. It gave me more insight to my behaviour. I always knew I was co-dependent, but the program helped me detach, see the relationship clearly, understand it.

I was aware of my compulsive behaviour but not to the extent nor how extensively it influenced the dynamics in my family.

I already knew my father had a problem. They just expanded more on what the problem was.

I recognized the dependency but not to what degree (it affected me).

Respondents' Who Recognized The Problem:

i) In Themselves:

I use smoking to help avoid the feelings.

I get 'busy' to avoid dealing with uncomfortable feelings.

(I) was not used to looking at myself because (my) attention has focused elsewhere.

I realized that I was also experiencing addictive behaviors. That was not the reason why I came to the program.

I probably am actively alcoholic. Thought I was just having fun!

In myself I found out that I still control those around me, and the shame (and) grief are very present in me.

I feel I am more abusive than I had first supposed. Much of my problem stems from me.

I am much more aware of my own tendencies to mood alter...

I did not realize, or was aware of, my use of drugs (prescribed) to mind/mood alter to cope.

It helped me recognize patterns of behaviour in my life.

I recognized in myself ways that I deal with stress and pain, and realized these reactions were unhealthy.

I realized my own co-dependency problems and what I use as 'mood altering' behaviors such as food, shopping, prescription medication and the need to run away.

I realized I was the caregiver and always have been and that I was truly in a co-dependency relationship.

I did not understand the term 'co-dependent' and soon realized that typified my behaviour.

Helped me see the focus was on my addicted spouse. I had no life.

ii) In Another Person:

It certainly made me be aware of the intense behaviour of my spouse.

I realized my husband is a workaholic.

I realized that my father had a drinking problem, and it wasn't my responsibility to look after him.

I knew that my sister had some problems with gambling and drinking but I had not equated them with an addiction yet.

(I) now believe (my) brother is a problem gambler...

I attended because of an alcohol problem with my Dad and realized my husband is a workaholic.

iii) In Both Themselves And Another Person:

...Through the programs I am able to recognize a chemical

dependency in my father as well as some compulsive behaviour in myself.

I have identified some areas that cause me pain. Every evening brought an insight that has caused me to want to explore. Many persons in my life exhibit characteristics I thought were 'normal.'

I am now able to see how my husband, myself and my children all fit the pattern of addict, co-dependent, etc.

I soon realized that I am obsessed with exercise. I am a perfectionist. There are also several people in my family who have food obsessions.

I recognized chemical dependency in my mother, understood my brother's chemical dependency, and recognized compulsive behaviour in myself, my family, and my spouse and his family.

I was able to recognize that almost everyone I was involved with had a behaviour problem and I was co-dependent.

I recognized patterns in my own family and myself which I would have had trouble both identifying and accepting otherwise (without the program).

The program made a lot of behaviours apparent to me, in a lot of different people. I just wish the program could go on. I still have a lot to learn.

Respondents Who Learned New Behaviours:

Thirty-one respondents talked about coping behaviours they had learned through their program, and what helped them learn how to cope. The following is a sampling of the related comments:

I was depressed about my two teenage sons. I learned to express my sadness and to do some things differently.

I can't fix things for others if they don't want to help themselves.

I am not alone. I can not change the alcoholic nor let him change me.

The program helped me realize that there are situations beyond my control.

I learned how to detach myself from the situation and not react to my husband's behaviour.

It helped me learn that I couldn't do anything about my husband, but I could change myself.

(I am) able to zero in and accept there is a problem, get help for him, and support for myself.

It helped me realize that I have to think more about myself and how I feel.

Gave me more tools to work with.

...The videos and the readings challenged my thinking.

This program is excellent, it teaches how to use the tools of recovery.

Other Comments:

One comment indicated there had been no change resulting from the program. Other respondents indicated generalized learning or suggested increased awareness.

Only thing that it wasn't specific about causes of chemical dependency.

(I) continued enabling behaviour in myself and many behaviors in my daughter and husband.

Learned about stages of addiction, addictive behaviors, denial and enabling behaviors...

I continue to minimize the extent of my familial (problems) father/brother etc.

...Because I was dealing with an oppressive family of origin...it was hard to feel the present impact.

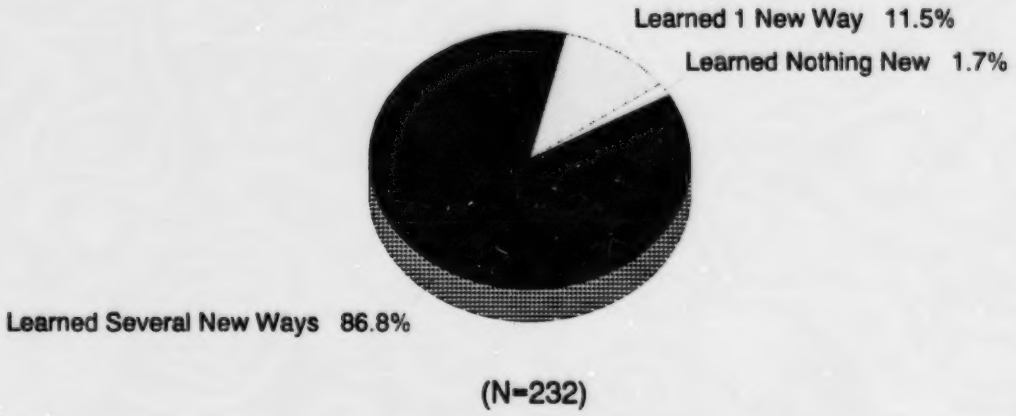
2.3) Learning New Ways To Cope:

Family Services focuses, in part, on helping clients develop coping mechanisms. Accordingly, respondents were asked the following question:

As a result of your participation in the Family Program do you think you have learned new ways to cope with your life problems?

Possible responses to this question included: *'I Learned Nothing New'*, *'I Have Learned One New Way'* (to cope), and *'I Have Learned Several Ways'* (to cope). The large majority of respondents (86.8%) had learned 'Several New Ways To Cope' with their life problems (Figure 23). An additional 11.5% reported 'Learning One New Way To Cope,' while four respondents (1.7%) reported learning 'No New Coping' methods.

Figure 23 Have Respondents Learned To Cope With Their Life Problems? Aggregate



(N=232)

Analysis By Program:

There were no statistically significant differences in responses when the respondents' program was factored into this question (n=222; χ^2=0.12; df=2; p=.94)(Figure 24). In this instance 86.0% of the respondents from both the Day and Evening Programs reported learning 'Several New Ways To Cope' with their life problems. Of the remainder, 12.4% of the respondents from the Day Program, and 11.8% of those from the Evening Program, reported learning 'One New Way To Cope.'

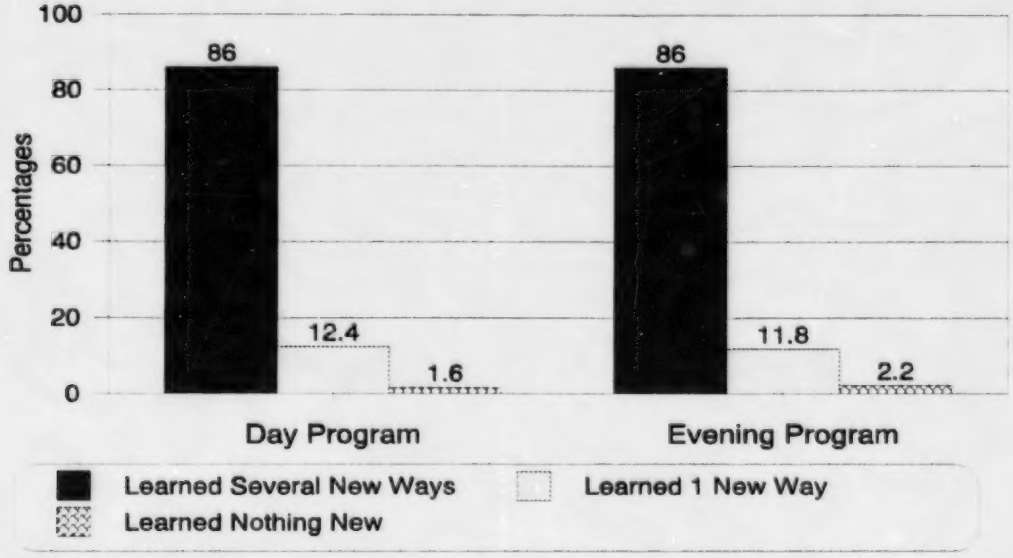
Respondents Related Comments:

Respondents were asked to expand on the new coping strategies that they had developed through the AFM. The 218 responses provided to this question were divided into four categories:

- Coping Tools and New Life-Skills
- Learning to Recognize, Own and Deal With Feelings
- Sorting out Responsibility Issues
- Other Responses

Clients most frequently responded that participation in the family program gave them the tools or life skills they needed for coping with their problems (n=80), and that they

Figure 24 Have Respondents Learned To Cope With Their Life Problems? By Program



(N=129; 93)

had learned how to cope with their feelings (n=74). Respondents frequently replied that they had learned to sort-out responsibility issues in addiction problems (n=39).

Responses in the "Other" category included respondents who cited gains in self confidence (n=8) and those who learned about other sources of support (n=6). The eight respondents who reported learning no new coping skills gave a variety of reasons for this. One of these individuals felt she or he did not need the program, those who indicated prior knowledge of the material covered, while another respondent felt there was too much focus on distant past. Three respondents expressed concerns about being able to act on what they had learned.

Coping Tools and New Life Skills:

Respondents talked both generally and specifically about skills and knowledge they had gained through the program.

> ***I learned so much in a short time, it was amazing.***
>
> ***I found the process highly instructive in important life skills that I was in some cases very unaware of.***
>
> ***I have learned not to hide from my feelings. I have recognized a pattern in my behaviour that enables the drinker to continue his***

merry-go-round. I have learned not to react to everything. I have learned to call someone if I am struggling.

The handouts are invaluable. I've learnt new skills for communicating and for self confidence and value.

I have learned how important support and counselling is to me, and self care, which has been grossly neglected.

There are some real eye-openers here and I have learned many tools to use, with handouts, groups and listening to others.

(I learned that) how I was coping wasn't working anymore and I learnt different ways to cope.

It certainly made me more aware of how I respond to other family members' behaviour, and how they respond to mine.

I am more conscious of both my behaviour and healthier approaches to problems.

Instead of reacting I can allow myself some time and make more rational choices.

Learning to Recognize, Own and Deal With Feelings:

Other respondents focused on how they had learned to recognize and deal with their feelings.

(I have) identified my position in (my) family and understand that position, realized there is someone with feelings on this planet besides me. Learnt to pay attention to feelings and not react on these feelings without thinking.

To check in with my feelings on a daily basis, to own my own feelings, to let others own their own feelings.

I've learned it's okay to feel good and bad feelings and to honour however you do feel!

Being aware of what's happening with me and my family helps a lot. Learning how to get in touch with both good and bad feelings. Also (learned about the) tools to use: flag, relaxation, meditation.

To listen to my feelings and to express them, to not allow myself to get hooked. To love myself. To believe in my own power etc. etc.

I have learned that it is okay for me to be angry. I can hit the pillow. I also learned to talk things out right away.

I have learned the importance of self and that my feelings are important and worthy of expression.

I have learned how to feel. I don't think I felt anything (before). It's nice to recognize that I even have feelings. In learning to feel, I better understand my frustrations, and in turn, I better deal with them. I have also learned useful techniques to deal with problems.

Sorting-Out Responsibility Issues:

A large number of respondents' replies related to learning a more appropriate division of responsibility for addiction problems in another person and the consequences of acting on this knowledge.

I am not responsible for the addict. I have rights and will look after myself.

(I learned) to focus on myself, be more assertive, detach, and leave to a Higher Power problems I can't control.

Realizing I can't fix other people.

Take control of my kids and their safety. Not to expect too much. I can't rely on my wife so much.

I learnt healthy ways of dealing with an actively addicted partner, and leaving my unhealthy relationship for the right reasons.

To take responsibility over what I can do and have control over. To understand that the addicted person has control over what they do. Only they can get help for the problems.

Establishing house rules with daughter and sticking to them without controlling.

I am learning to detach with love. I must live my life for me. I have a greater appreciation of my spouse.

Other Comments:

Eight respondents remarked that they had gained more confidence in coping with their problems. Six others indicated that they no longer felt alone, but had learned about other sources of support, from others in like situations, and from a Higher Power. Eight respondents said they had not learned any new ways of coping with life's problems. Some of these comments are included below.

(I have) More self acceptance, less self-judgement and allow feelings to happen.

Rediscovered ways I had lost and gained more confidence in coping with my problems.

Before this program I was guessing in making choices, now I feel (I am) a better judge.

I have truly learned to create changes in myself; to initiate changes around me. All positive.

(I learned) that I am not alone, try to stay in the positive.

Stay connected to others who are experiencing the same types of problems.

I am aware of other community resources, coping mechanisms.

Learning is one thing, putting into practice is another.

The thing I have a hard time with is actually putting to use what I have learned: not giving in to the addict, and trying not to let him run our lives.

Three respondents felt they did not need to attend the program, either because they did not really feel they had a problem, or because they felt that no new information was provided to them:

I don't think that I needed to attend this program but was encouraged to attend by my wife and AFM counsellor.

Mainly reinforcement of things I was already aware of.

Most of the labels I already knew - co-dependency etc. I'm not comfortable with inner child stuff but I did appreciate the open talking with the group to a point.

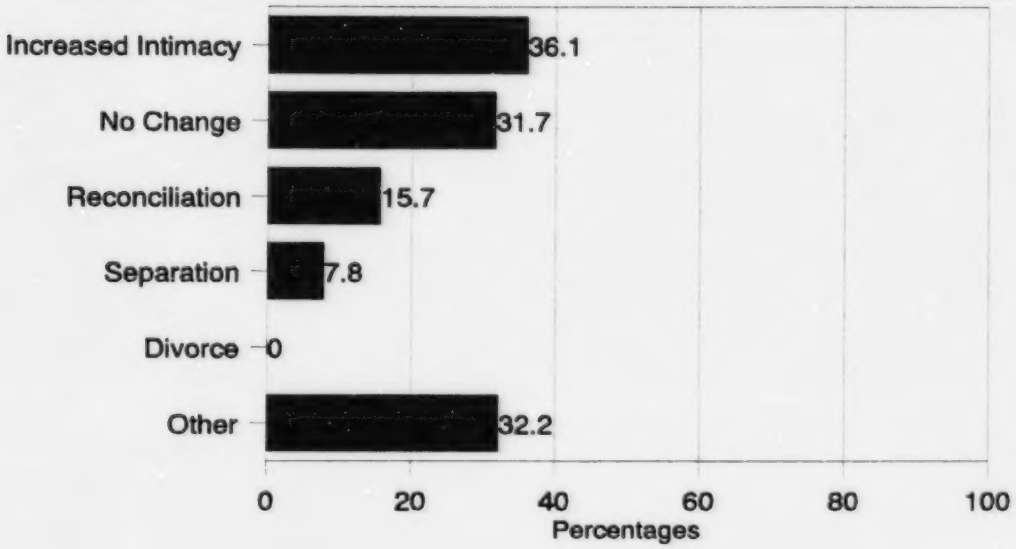
2.4) What Changes Had Respondents Made In Their Lives:

In addition to determining whether respondents learned new ways to cope, this evaluation also focused on the nature of the changes they were making. Respondents were presented with a list of potential changes, and were asked to indicate all that applied to them as a direct result of the program.

The most frequently cited reported change was 'increased intimacy' with their partner. This was reported by 36.1% of these respondents (Figure 25). This was followed by respondents who reported that no change had taken place in their lives (31.7%).

Another 15.7% of all respondents reported reconciling with their partners, while 7.8% reported separating from a spouse or partner.

Figure 25 What Changes Had Respondents Experienced Through The Program? Aggregate



(N=230. Multiple responses are allowed.)

The second largest proportion of respondents reported 'other' changes they had made in their lives. These were divided into three themes:

- **Improved state of mind**: greater "honesty," "detachment," "more understanding," "hope," "peace of mind," "letting go," or "confrontation."
- **Improved relationships with others**: "with my children," "with self and God," "with family," or "with friends."
- **A major change in life circumstances:** breaking up a relationship, or moving in that direction, starting couples therapy, partner agreeing to go to AFM, or changing jobs.

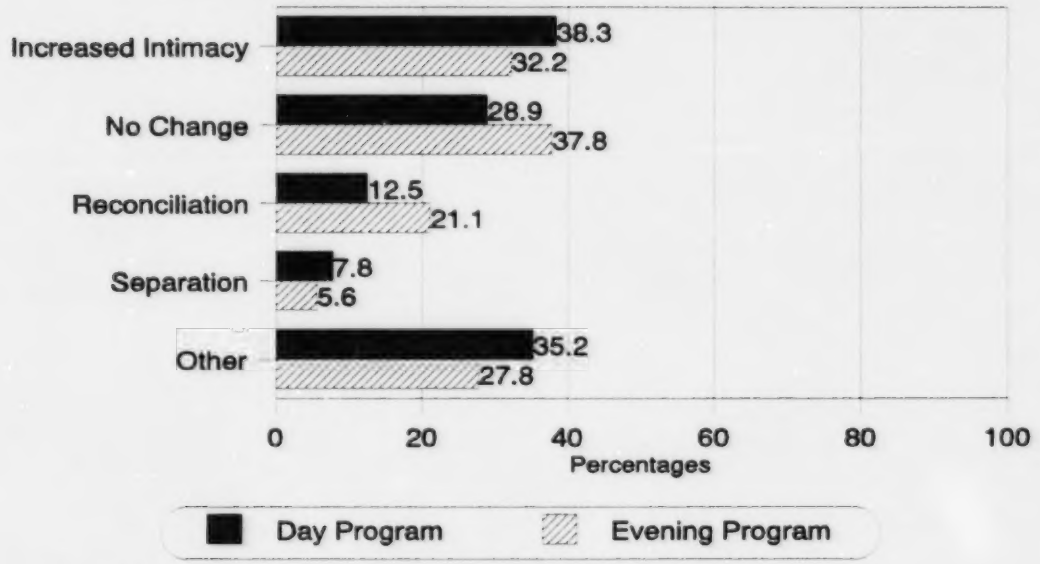
Analysis By Program:

There were some variations in responses when these were analyzed by program (Figure 26). The percentage of respondents who reported ***increased intimacy***, as a direct result of the program, is relatively consistent across programs, ranging from 32.2% of those in the Family Evening Program to 38.3% of the respondents in the Family Day Program. Clients who attended the Family Evening Program were more

likely than their counterparts to report that ***no changes had occurred*** (37.8% compared with 28.9% of those who attended the Family Day Program).

Twenty-one percent of the respondents who attended the Family Evening Program reported ***reconciling with a spouse or partner***, compared with 12.5% of those from the Family Day Program. ***Marital separations*** were reported by 5.6% of those who attended the Family Evening Program and 7.8% of those who attended the Family Day Program.

Figure 26 Changes Respondents Experienced Through The Program: By Program



(N=128; 90. Multiple responses are allowed.)

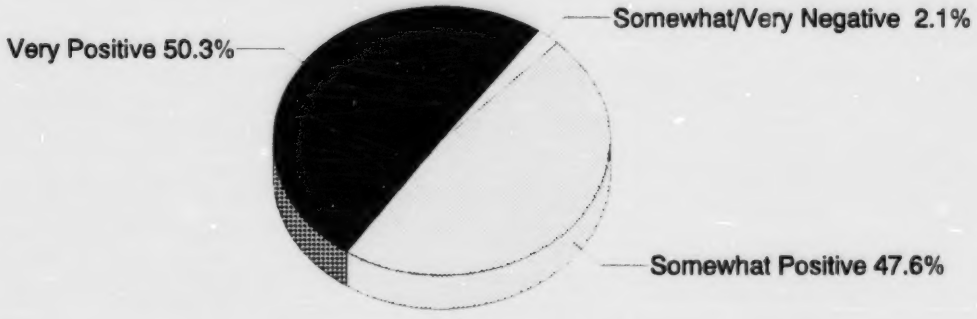
2.5) How Respondents Evaluate These Changes:

As a corollary to the preceding question, respondents who had indicated they had made changes in their lives as a result of the program, were asked how they evaluated these changes. That is, if they were now separated or reconciled, did they view this as a positive or negative change? Respondents were overwhelming positive in their response to this question (Figure 27). Half of all respondents (50.3%) felt that the changes in their lives had been 'very positive,' while almost all of the rest (47.6%) felt they had been at least 'somewhat positive.' Four respondents (2.1%) reported that their life-changes had been 'somewhat negative.'

Analysis By Program:

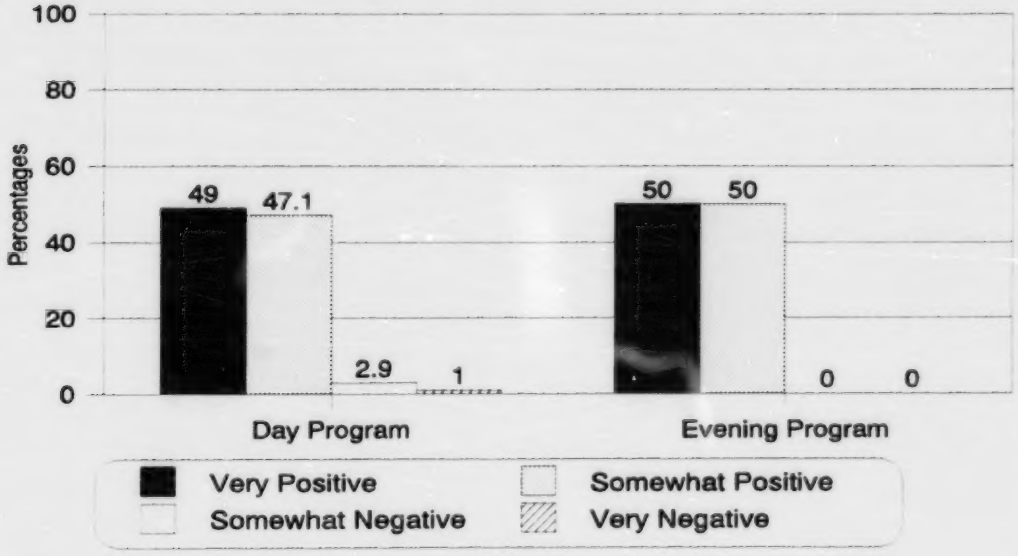
There was little variation in responses, across programs, when it came to respondents who reported their changes had been at least 'somewhat positive' in nature (Figure 28).

Figure 27 If Respondents Experienced Change, How Do They Evaluate That Change? Aggregate



(N=185)

Figure 28 If Respondents Experienced Change, How Do They Evaluate That Change? By Program



(N=104; 70)

This amounts to 96.1% of those who attended the Family Day Program and 100% of the Family Evening Program clients. This level of variation is not statistically significant ($n=174$; $\chi^2=2.77$; $df=3$; $p=.43$).

2.6) How Helpful Were Program Components?

The Family Programs use a range of activities and materials. Respondents evaluated how helpful they felt each of these was to their own personal situations. If a specific activity or material had not been experienced, respondents indicated 'Not Applicable' on the questionnaire. Four responses were available with regard to each item: 'Much Help' (which was coded as '4'); 'Some Help' (3); 'Little Help' (2); and 'No Help' (1). The mean response for each item was calculated in order to summarize responses.[12]

The specific activities and materials evaluated through this study include:

- The initial meeting with the counsellor
- Work on individual goals
- Large group sessions
- Small group sessions
- Informal conversations with other clients
- Lectures and/or input
- Video tapes
- Guided imagery
- Time alone for thought
- The environment at AFM

All activities and materials included in the study were rated as being either of 'much' or 'some help' to respondents overall (Figure 29). The most helpful activities were the **lectures/input** (with an average score of 3.61 out of a possible 4.0); the **large group sessions** (3.58); **the program's environment** (3.54); **the initial meeting with the counsellor** (3.53); and **the video tapes** (3.51). The remaining activities or materials were viewed as being at least of 'some help' to these respondents. This included the use of **guided imagery** and **reflection exercises** (3.37); **time alone for thought** (3.30); **working on individual goals** (3.28); **informal conversation with other clients** (3.23); and **small group sessions** (3.23).

Analysis By Program:

In every instance but three, there were no significant variations in the responses to these questions, when analyzed by the program that respondents attended (Figure 30; Table 2). The exceptions included: the **use of video tapes**, which was viewed as most helpful to respondents who attended the Evening Program and relatively less helpful to those who attended the Day Program and the **guided imagery** and **reflection** exercises, which were most helpful for respondents who attended the Day Program, and were relatively less helpful for clients who attended the Evening Program. In

[12] Mean scores are used in this report to simplify the presentation of these findings. Related **Frequency tables** are provided in the appendix.

Figure 29 Respondents Evaluating Helpfulness Of Program Activities: Aggregate Sample

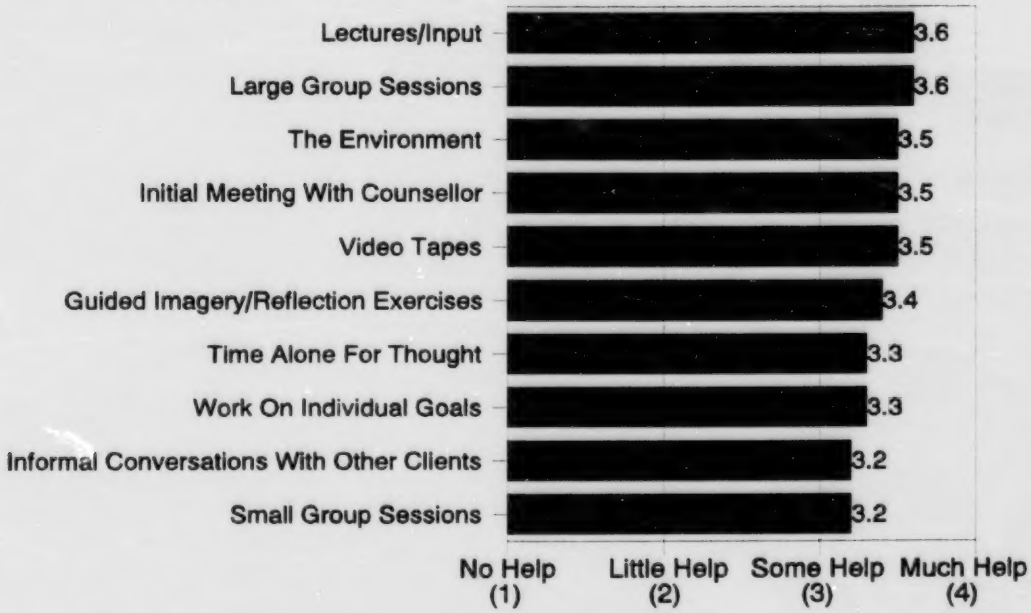


Figure 30 Respondents Evaluating Helpfulness Of Program Activities: By Program

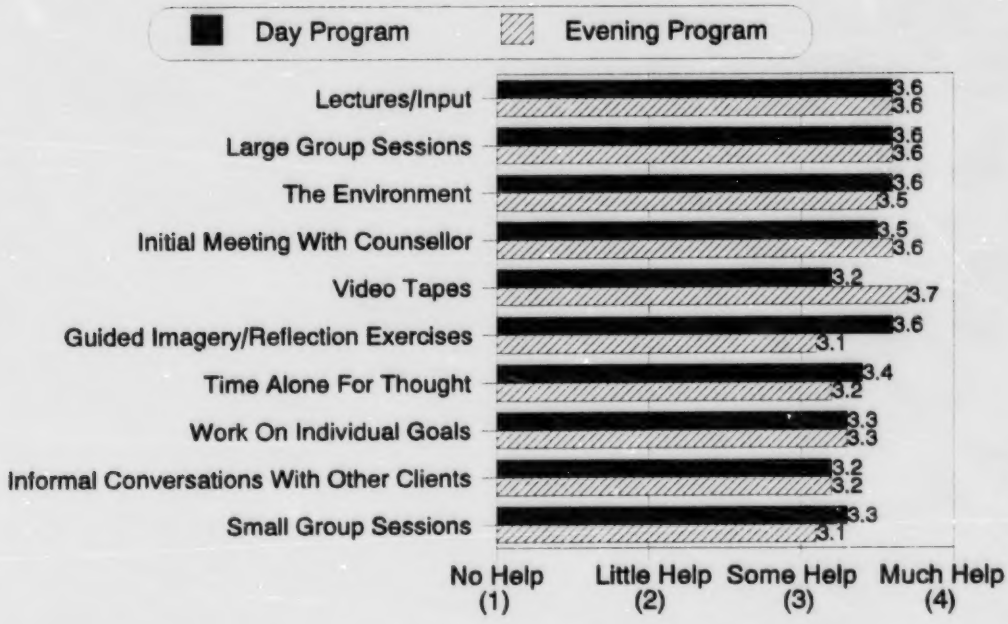


Table 2 The Perceived Helpfulness Of Program Activities and Program Attended

Activity Or Materials	N	χ^2	df	p
The initial meeting with their counselior	220	0.89	3	.83
Large group sessions	225	1.90	2	.39
Small group sessions*	***218***	***6.69***	***3***	***.08***
Work on individual goals	179	2.88	3	.41
Informal conversations with other clients	220	2.11	3	.55
Lectures and/or input	204	1.51	2	.47
Video tapes*	***157***	***24.29***	***3***	***.00002***
Guided imagery & Reflection Exercises **	***215***	***18.62***	***3***	***.0003***
Time alone for thought	192	2.56	3	.47
The environment at AFM	221	1.62	2	.44

***Marginally significant variations; ** Statistically significant variations.**

addition, there were marginally significant variations in the perceptions of clients, by program, regarding the helpfulness of the small group sessions. Respondents who had attended the Day Program were marginally more likely to report that small group sessions were helpful than were those who had attended the Evening Program

The fact that **videos** are part of the Family Evening Program, but only used occasionally in the Family Day Program, would explain why respondents who attended the former would find them significantly more helpful than their counterparts. Similarly, given that **guided imagery** is used primarily in the Family Day Program, it is consistent that respondents who attended this program would be likely to find this technique significantly more helpful than did those attending the Evening Program.

2.7) Evaluating Staff Abilities And Attributes:

Respondents evaluated both their primary and secondary program facilitators, based on a list of eight attributes and abilities.[13] These factors included the extent to which each facilitator:

- Treated respondents with respect
- Treated them honestly and openly
- Treated them courteously
- Maintained their confidentiality
- Appeared well-prepared

[13] These programs are generally co-facilitated.

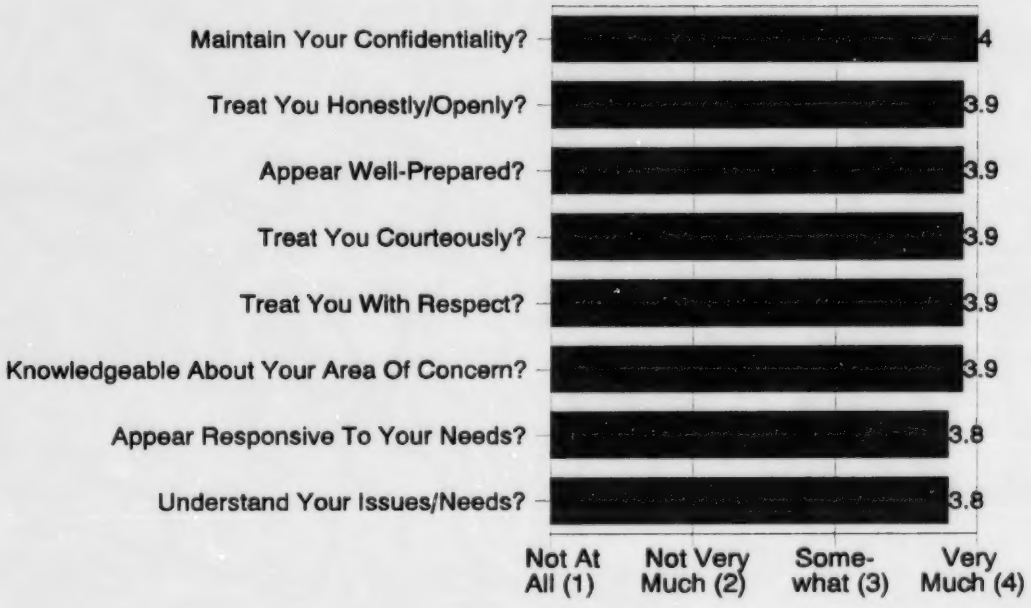
- Understood their issues and needs
- Appeared to be responsive to their needs
- Appeared knowledgeable about their areas of concern.

Aggregated results are provided. For simplicity, the mean responses to each question are provided in the accompanying two charts. Possible responses to each factor included: '***Very Much***' (which was scored as '4'); '***Somewhat***' (3); '***Not Very Much***' (2); and '***Not At All***' (1).

The Study Findings:

Without exception, the full range of facilitators' attributes and abilities were rated extremely highly by these respondents. Average scores, across the board, ranged from a relative low of 3.8 to 4.0 (out of a possible 4.0). This finding is consistent both for the primary and secondary program facilitators (Figure 31 and 32).

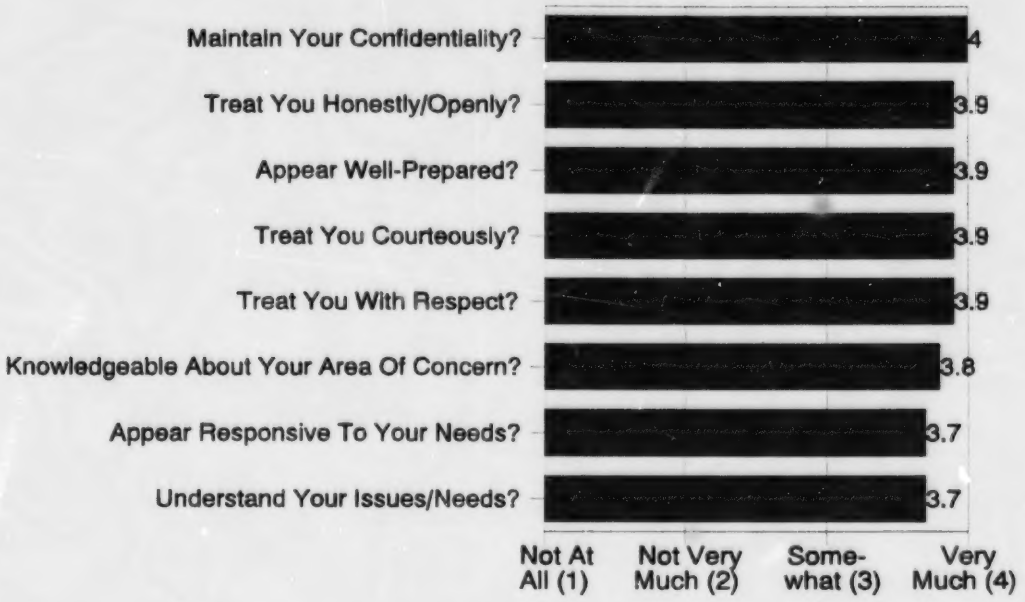
Figure 31 Respondents Evaluating Their Primary Program Facilitator: Aggregate



2.8) What Areas Need More Emphasis In The Family Program?

Respondents were asked which areas of the Family Program needed more emphasis. This was formatted as an open-ended question, to ensure a broader range of responses. It was obvious, from the tone of the 181 responses to this question, that respondents were pleased with the program. Forty-nine responses indicated that no change was needed. The remaining responses yielded 173 suggestions. Multiple

Figure 32 Respondents Evaluating Their Secondary Facilitator: Aggregate



coding was used so that all of these suggestions are recorded. There were 36 requests for more of the same, a longer program or additional services, and 137 suggestions pertaining to specific processes (56) or content areas (81).

i) No Change in Emphasis Needed

Forty-nine respondents said the Family Program was just fine as it was (29 from the Day Program and 20 from the Evening Program). Some commented that adding more information or processes might prove overwhelming to program participants.

> ***This is the first time I have ever done work on myself and cannot name any areas I feel need more emphasis.***
>
> ***It's an excellent program now. If something new is added then something else has to be removed.***
>
> ***It was good balance, sharing, small group, study and feedback.***
>
> ***About right. I can always go farther on my own.***
>
> ***All areas (are) very important. Don't know how to emphasize anything more without lengthening program which would be hard for working participants.***

I felt the program was enough, lots of information, more emphasis may be over whelming.

The program covers a lot more than I thought it would. Therefore it is adequate for all who listen, learn and work at improvement of self.

I think the program covers just about everything. When it is done you have a feeling of...not wanting it to end. I know there are programs to follow, but you still feel fearful and sad when it comes to an end.

ii) The Need for Longer Programs, Additional Services:

There were 36 comments in this area that either indicated the need for longer programming or more frequent meetings (15), smaller groups (12) or individual counselling (8). One person recommended the program be extended to schools. These comments are summarized in Table 3. Given the small number of respondents in each cell, column percentages are not presented.

Table 3 Number of Recommendations for More Programmatic Resources: By Program

What Was Requested*	Day Program	Evening Program	Totals
Program should be Longer	8	7	15
Individual Counselling	6	2	8
Smaller Groups	9	3	12
Additional Programming	1	0	1
Total Recommendations	**24**	**12**	**36**
*Multiple responses were allowed.			

A sampling of the verbatim comments is provided below:

Not more emphasis. Just more weeks.

It was a good group, I feel like it should have lasted longer.

More time. I would love to continue the evening program for another 8 weeks.

I strongly feel more time is needed to fully and successfully complete the program.

I think that the Program should be expanded to 8 to 10 weeks. I cannot think of any areas. Just more of (the same).

Smaller groups (with) shorter 'check-in' (to allow) more time for lectures. Perhaps day programs should be longer than 6 weeks.

Maybe offer individual counselling.

More individual time to express themselves. Small group is important!

More individual counselling. Groups aren't for everyone.

I like one-on-one counselling and one-on-one communication. This may also be because of my hearing impairment.

(Provide) an opportunity to have some one-to-one time with the facilitators.

Individual needs. A chance to express these with a counsellor. Issues arise as a result of the Family Program.

iii) Process Suggestions:

Many of the recommendations concerning process indicated a need for a longer program (Table 4). Respondents requested more time in many of the current program activities, only occasionally suggested something could be dropped. The most frequent request was for more discussion (25) or feedback and sharing from the facilitators (6). There were also recommendations for more structure and direction to participants (10).

Table 4 Number of Process Recommendations By Program

What Was Requested*	Day Program	Evening Program	Totals
More discussion	12	13	25
More feedback & sharing from facilitators	5	1	6
More structure provided for discussions	8	2	10
Specific activities	9	2	11
Attention to group homogeneity	3	1	4
Total Recommendations	**37**	**19**	**56**
*Multiple responses were allowed			

Some respondents suggested specific activities, such as more role playing (3), more

handouts (3), more explanations of handouts (4), and the inclusion of films within the program schedule. Several respondents recommended screening participants to ensure group members were dealing with similar problems (4).

Verbatim comments regarding these suggestions are provided below. Given the range of unique responses provided, and the potential learning that can be derived from these comments, a larger sampling is included in this section.

Longer time in small group and large group activities to do the activity, and more time as a whole group discussion afterwards.

There was a shortage of time for small group discussions.

I think more small group sessions would have benefited me personally, as I was very intimidated by the size of the group. Also think an informal period before or after the meeting say an hour, or so would be very beneficial. There is an awful lot of pain in that room at any time.

Perhaps a short discussion Q/A session after the lecture....

More open discussion following the lectures to give people the forum to vent in a safe environment.

More time in small groups, longer program in general.

There was a shortage of time for small group discussions.

The particular group that I was in seemed a bit too large, not really giving everyone a fair opportunity to share.

More consistent 'check-in.' Less picture drawing.

Better time management...so that the check-ins don't go on and on.

In my opinion discussions in large or small groups were more beneficial than meditations.

It would be beneficial to spend more time discussing the handouts. More time in small groups.

At the end of the morning there appears not to be enough time to go over the hand-outs in depth.

Group's input as well as counsellor's input or feedback very important and helpful.

I would like to have had more feedback.

I felt that myself and others were not given direction on commenting to others in group. It seemed hit and miss.

More time on exercises. Often the check-in lasted too long. The facilitators encouraged us to keep focused although sometimes people just needed to talk.

Try to have less 'how does everyone feel right now' at the beginning of session. Make this part shorter, more time for facilitator, video, lectures, guided imagery etc.

The small group sessions need more structure and mediation.

To continually remind group of boundaries.

I didn't always understand the hand out information. The point form wasn't enough.

(More) homework, helpful things we could do or think in between meetings.

...(Program) was great. Maybe include film in sessions as not too many stayed.

The number (size) of the group needs to be controlled. I was surprised that addicts were part of the program.

How the small groups are made. What I got out of them greatly depended on who I was with.

Not such a variety or diversity in people. Fine tuning the groups to have more in common problem-wise.

iv) Content Recommendations:

Sixty-two respondents provided 81 suggestions regarding a greater emphasis on selected content areas. Many of these comments were offered tentatively, with the preface that the program was excellent, but if there was time more emphasis could be placed on a certain topic. These suggestions have been roughly categorized into seven areas (Table 5). Coping skills and feelings were most frequently mentioned (31 and 14 times, respectively). Boundaries (8), self-care (7), inner child (7), and information on follow-up programs (5) were also noted. Other recommendations included requests for a greater emphasis on men (2), more guided imagery (2), more theory, expectations of mother, finding your greater power, relaxation, and breaking the cycle).[14] The following comments summarize related respondents' perceptions:

[14] Unless a number is provided in parentheses following a suggestion, that comment was provided by one respondent only.

Table 5 Number of Content Areas Recommendations By Program

Requested More Emphasis on Topic*	Day Program	Evening Program	Totals
Coping Skill - Total	**13**	**18**	**31**
Understanding & coping with addicted behaviour	2	11	13
Communication skills	2	2	4
Decision-making	2	1	3
Co-dependency	1	3	4
General coping	6	1	7
Feelings	**8**	**6**	**14**
Anger	2	1	3
Shame	1	2	3
General	5	3	8
Boundaries	**4**	**4**	**8**
Self-care	**2**	**5**	**7**
Inner Child	**7**	**0**	**7**
Information on follow-up programs	**3**	**2**	**5**
Other	**4**	**5**	**9**
Total	**41**	**40**	**81**

***Multiple responses were allowed.**

What might one notice as distinctions between an active alcoholic, dry drunk and a person in recovery?

More emphasis on relationship with addict as opposed to needs of co-dependent. How can you really do tough love!

Examples of how to handle specific situations, such as how to

respond to an addicted person. What to say or not to say, specific way to help the situation.

I had assumed that I would learn more about addictive behaviour and less about me.

How to deal with one not in recovery.

Discussion around 'trust.' How to work on 'crazy thinking' (and) 'what ifs.'

Inner child. Anger. Communication skills and confrontation skills.

Anger management; Setting up good boundaries; Communication.

I think more time is required to elaborate on coping skills.

I realize that a lifetime of issues cannot be resolved in 6-8 weeks of program. I feel however (that) two topics could have had more discussion 1) communication-small group, and 2) affirmations for self.

Less check-in and more working on problems and solutions.

On how to deal with living in the present with less focus on the past.

More inner child and shame work I know the amount of time is an issue.

I think that the course should be longer and more time spent on shame, limits and boundaries, and recognizing your feelings.

Self-forgiveness. Having a 12 step program to attend and belong to. Some resources for self-care.

The inner child. I found those 2 sessions the most powerful.

...I would've liked to see more aspects on the 1st time a problem/addiction arises, how not to pass the cycle down the generations.

Selecting boundaries, co-dependency and taking care of ourselves, finding your greater power, relaxation techniques. But in such a brief period of time maybe this was enough to awaken one to reality and sanity.

2.9) Areas Not Included In The Program That Respondents Would Have Found Useful:

Respondents were asked to note program areas or topics which were not included in the Family Program, that they would have found useful to their own growth and development. This question was also open-ended in nature. There were 152 responses to this question. Fifty-one respondents provided no recommendations. Of

the remainder, 45 respondents suggested a new area for inclusion in the program; and 56 elaborated further upon areas that they thought could be expanded. This last category actually relates to the previous question (Section 2.8), with regard to areas requiring greater emphasis. Responses from these 56 people added 85 suggestions. They are reported separately in this report.

i) No Additions Recommended For The Program:

A sampling of the 51 comments, citing the need for no new development, follows:

> ***I feel everything was good.***
>
> ***I cannot think of any areas (that need to be added). I have read many books but came with the hope of someone reaching out their hand to me and my needs and helping me to heal myself. I no longer feel 'stuck.' Rather I feel I am working on making decisions in my life.***
>
> ***If I would have had any more areas included I think I may have felt bombarded with too much new material.***
>
> ***I truly cannot think of any. All that was offered was very valuable.***
>
> ***There was a lot of information provided and there is probably a lot more good information available. But I have not absorbed all this yet. I don't really know if anything important was...left out.***

ii) Potentially Useful New Areas:

Respondents recommended many processes and topics which they felt would be potentially useful areas to add to the program. The most frequent request, with regards to the process, was to have a ***check-out*** or some ***closure*** at the end of individual sessions and the program (5). Several people commented that they would like to discuss why people are taking the course (i.e. were they there because of issues related to gambling, alcohol, drug abuse, etc.). There were also four requests for a ***bibliography of recommended books***.

With regard to content, the most frequently requested topics were ***abuse*** (4) and ***sexuality or intimacy*** (4). Other topics were mentioned only once or twice. Sample comments are included for the more frequently mentioned areas.

Process Suggestions:

> ***I found it unsettling to participate for three hours and then just walk out the door. I like to feel/share what I learned and do some closure on the session immediately afterwards. I find the videos to be helpful in this process.***
>
> ***A check-out, as well as the check-in. Once we did a check-out***

with one sentence on how we were feeling at that moment. I wished to see more of a closing.

I think a 'check out' session would be helpful at the end of the 8 week sessions. A time to meet and discuss, one-on-one, how this has helped. What areas need to be worked on and where to go from here.

Follow-up. Maybe asked to come back and speak to group about progress (I) made, how I've maintained serenity...

There needs to be a forum where you can vent about your addict's behaviour when it consumes your being. Sometimes there is an explosion of feelings which must be released in a 'safe' environment and I sense so much pent up emotion in that room that has no outlet.

Maybe a list of good books about the subject covered, because some books are better than others.

Weekly handouts. Bibliography of additional readings.

An action plan of some sort to make changes in behaviour.

An outline at the beginning of the program ...

More information on how a group operates.

A gentle introduction to explain the 'pain' when trying to find a way to express your feelings.

Child care availability.

Suggestions Related To Program Content and Exercises:

The following comments relate to suggested topics some respondents want added to the program. Some of these also touch on requested changes to processes.

Impact of addiction on intimacy.

Tough love.

Abandonment

Self identity for today

'More body work.'

Yoga

I would have found a section on sexual abuse and its effects to be helpful. When I shared in small groups, I found this to be a common problem.

Resources for people who are abusive to their spouse or children. Sexual Intimacy with my partner.

I would have liked to talk about why I was there.

More talk of spirituality.

Bats and cushions

Personal experience speakers from recovering and affected people.

How to integrate yourself into the mainstream.

More [on-site] information about child custody for separation/divorce...

The effects of certain situations on children...

Time alone for thought.

That it is okay to think about loved ones... Grieve (for) them. (This is) normal!

Possible class for homosexual people ...

... I feel my ex was addicted to lying and I'm sure he's not alone....I can recommend one book 'The Evil Of The Lie' by Scott Peck.

Program- And Process-Related Suggestions:

There were 8 comments regarding **program resources**. Three respondents wanted a longer program, two requested smaller groups, and one requested individual counselling. One respondent found two sessions a week very heavy, while another commented that they would like to be able to make up missed classes (Table 6).

Table 6 Comments on Programmatic Resources Giving By Program

PROGRAMMATIC RESOURCES REQUESTED	Day Program	Evening Program	Totals
Program should be Longer	3	0	3
Individual Counselling	2	0	2

PROGRAMMATIC RESOURCES REQUESTED	Day Program	Evening Program	Totals
Smaller Groups	1	0	1
Other	1	1	2
Total Comments	**7**	**1**	**8**

Of the 25 **process suggestions**, there were six requests for more discussion and three for more structure in discussion matters. There were 16 comments concerning specific activities and "other" issues. Respondents said they would like more lectures from the facilitators (5), more access to literature, video, audio and book lists (2), more meditation (2) and a few different guided imagery tapes (Table 7).

Table 7 Process Recommendations by Program

PROCESS CHANGES REQUESTED	Day Program	Evening Program	Totals
More discussion	3	3	6
More structure provided for discussions	3	0	3
Specific activities & Other	8	8	16
Total Recommendations	**14**	**11**	**25**

More emphasis on certain **content areas** was raised 52 times and included: coping skills (22), feelings (8), more work on boundaries (4), information on follow-up programs (3) and more inner child work (2). "Other" suggested topics included: family of origin (5), the need for time alone (2), more examples of healthy relationships (2), men's issues (2), and denial (1). One person said they would like the issue of feelings to be discussed in the present rather than the past.

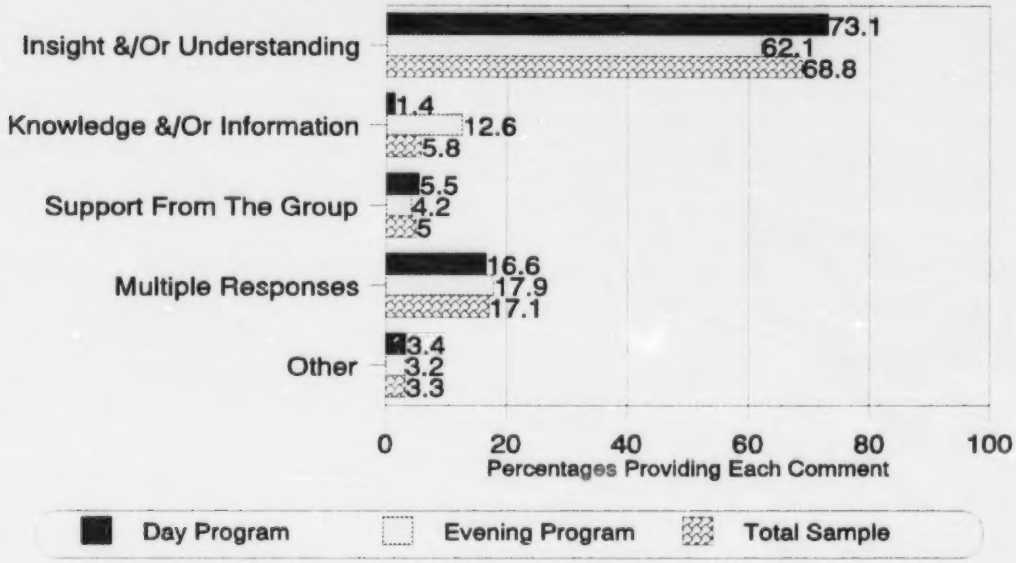
2.10) What Did Respondents Gain From Participating In The Family Program?

There were 240 responses to this question. Many cited multiple positive ways in which the program had affected them (although such answers are only coded once). Respondents talked about discovering their feelings, gaining self-confidence and strength, and re-gaining a life. 'Insight' and 'understanding' were mentioned 71 times. 'I am not alone' was a frequently expressed sentiment.

Of these responses, the majority (165) reported **personal growth** (including **gaining insight and understanding** about themselves and/or their situations) often with the suggestion that this increased self-confidence, strength, self-worth and their ability to cope (Figure 33). Another 14 said they had acquired **knowledge and information**, while 12 commented on the support they had received by **meeting others** with similar

problems. Forty-one respondents **combined categories in their responses**, usually citing the groups' value with an increase in insight and personal growth.

Figure 33 What Had Respondents Gained From Participating In The Family Program?



(N=240; 145; 95)

There were 4 other responses related to this question. Three of these respondents commented that they **disliked discussing their problems in the group** context, due to **shyness** or a feeling of **incompatibility** with the group. One respondent said s/he gained little from the sessions because s/he '**should have been screened as not needing to attend the sessions**.' Some typical responses from each of the primary categories are given below, by theme:

i) Insight and Understanding, Personal Growth and Confidence

Lots!! Regained myself! Regained self-respect, self-confidence, inner child.

I have gained much insight and awareness. I have gained a friend: my inner child. I have gained self-confidence and love for myself.

A new awareness about feelings, that it's okay to have them, that one should not run from feelings but should examine them and hopefully learn from them.

(I gained) more than this space will allow me to write! I learned about how I have interacted, how the way I parent is reflective of my family of origin, how important my feelings are, how important being true to myself is etc, etc.

So much!! Increased feelings of self esteem, acceptance of myself, feelings, my losses, the ability to feel my feelings. My inner child, a sense of being okay, a sense of hope. Ability to finally let go!

I gained a sense of self. I feel powerful, in that I can make changes.

More self-confidence, hope for my relationship with my spouse.

Nothing short of a life-giving and life-affirming outlook on life that I had heretofore not imagined! Keep up the tremendous work!!

What I gained was the ability to face the truth, however painful, and perhaps deal with it in a healthy productive way.

I have gained a good sense of my strengths. I feel healthier inside and outside. I can see more 'positives' in my relationships. I now know and feel that I deserve to have my needs and desires met and that 'I' can do this for myself.

I (have a) better understanding of 'me' and how to get out of my sad relationship.

I learned I'm not the one to blame for his addiction. That I am a good person capable of doing anything I set my mind to.

That I'm not crazy. My feelings that 'I can't do this anymore' are real. I am a human being with needs and wants to be met.

ii) Value of Group Support - I am not alone:

It helped to meet others with similar problems and see how they are dealing with them.

I gained some insights into the fact that I'm certainly not alone and that I'm not imagining what is happening at home. And it's okay to ask for help.

Perspective: Some people are better off, some are worse off than me. Support: Others have been there and made it.

iii) Knowledge & Information:

It reinforced things I already knew, showed me I was on the right track.

I gained a lot of understanding about the situation of living with addictions, but wish I have the courage or confidence to actually use what I have learned.

Lots of information. Dealing with addiction. Helped me understand it better.

I have an increased awareness of addictions and how they affect families. I have increased my knowledge and am taking care of my own needs and those of my children first - my kids always have come first before everyone else. I have established boundaries.

iv) Combined Gains:

Gained confidence and new friends. Skills to help me continue to grow.

I gained knowledge and a sense of not being alone. I saw people grow and gain in strength. I learned it was okay to cry. I want a 'normal' life, or maybe a real life, and now there is someone to show me or rather give me the tools to find it.

I finally have learned that I am not the only one, not weird or hysterical. I have let go of some of my pain and learned to trust and share with some of my co-(group) members...

Someone who said 'we can help you.' Knowledge that I need to be in touch with myself. Courage that I will continue this search until I feel some peace. Insight that I can only help myself.

I've gained a positive outlook on life. I know I'm not alone in search of my feelings and thoughts.

I am not alone. I have choices. There are resources to help us. I gained more confidence to see that I have to look after myself and do what I feel is best for me.

I learned to preface my remarks with 'I' rather than 'you,' and that I am a very co-dependent person. I was amazed at how many things about my behaviour are typical of living with an addicted person. I also learned there are an amazing number of very, very nice people dealing with addictive loved ones. It was an

awakening to me how many of their loved ones had drug addictions. I had no idea.

A sense of worthiness, humility and progress in my current recovery.

Hope and new friends. A deep appreciation for others even if I am not involved in their lives directly.

I met myself in a deep way, through guided imagery. I met my inner child for the first time. I also found the experience of group, and some of the movement that occurred in me as a result of the group, very powerful and helpful.

I am not alone. I see a lot of me in them and also a lot of my family members. My self-worth has increased a lot. I'm believing a lot in me, I love myself. I also learned that listening is just as important as speaking. Control is an illusion.

A much better understanding of my relationship with family members, present and past, who have drinking problems. A realization that there is a great amount of support at AFM, and with people like myself who have a genuine desire to help themselves, and in doing so, others.

2.11) Evaluating Respondents' Overall Satisfaction With The Services They Received:

Respondents were asked to describe how satisfied they were with the Family Program, overall. Possible responses ranged from 'Very Satisfied,' through 'Somewhat Satisfied,' 'Not Very Satisfied,' and 'Not Satisfied At All.' All respondents were at least 'Somewhat Satisfied' with the services they received through the AFM, with 80.5% being 'Very Satisfied' (Figure 34).

Analysis By Program:

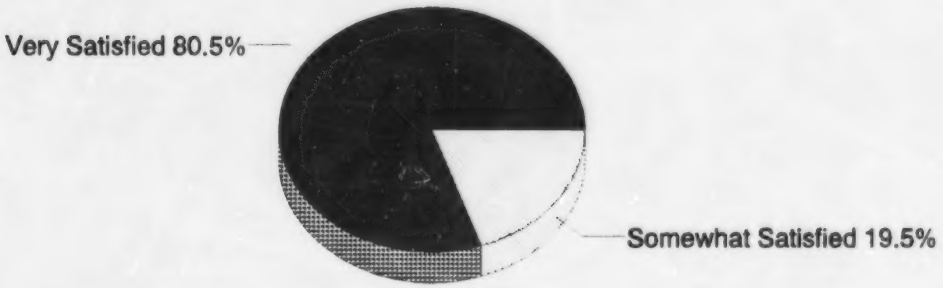
As the aggregate findings would dictate, all respondents, regardless of program, were either 'Somewhat Satisfied' or 'Very Satisfied' with the Family Program (Figure 35).

All respondents, regardless of which of the two family programs they had attended, were at least somewhat satisfied with the services they received from the AFM. However, the large majority were very satisfied in this respect. This applied to 77.8% of those who had attended the Day Program and 82.8% of those who had attended the Family Evening Program. These variations are not considered statistically significant ($n=219$; $\chi^2=0.84$; $df=1$; $p=.36$).

Respondents Expanded Upon Their Responses:

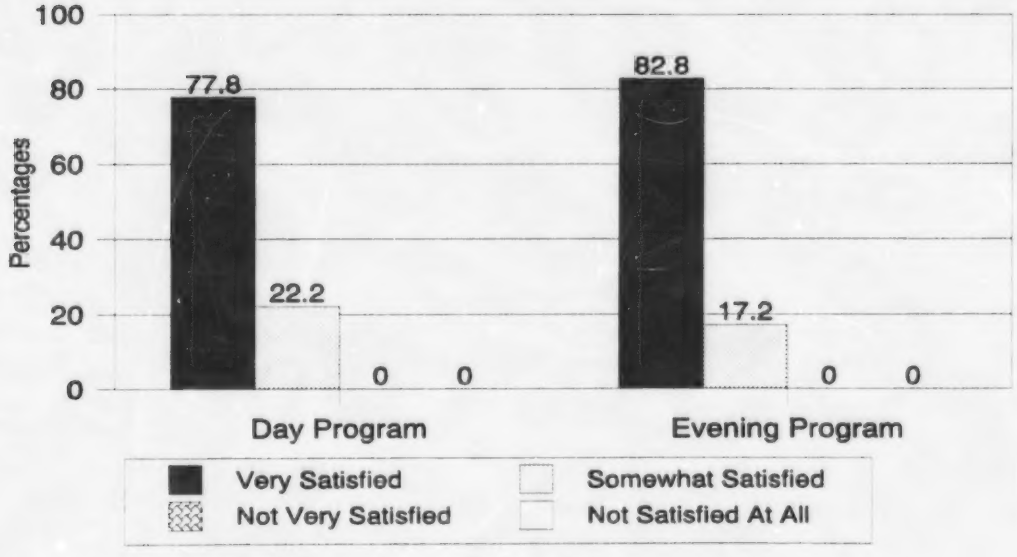
There were 193 responses expanding upon satisfaction ratings with the Family Program. Comments have been categorized into four themes:

Figure 34 How Satisfied Were Respondents With AFM Family Services? Aggregate



(N=231)

Figure 35 How Satisfied Were Respondents With AFM Family Services? By Program



(N=126; 93)

- Staff attributes and quality of the Family Program
- Comments about personal growth
- The program left respondents wanting more
- Other comments

Sixty-five respondents focused on **staff attributes and abilities**, and the **quality of the** program offered. All but one of these were positive. Repeatedly, the program was described as 'excellent.' Respondents wrote appreciatively of the facilitators as being warm, caring, non-judgmental, able to provide a safe environment, able to be accepting while challenging respondents to grow, and generally knowledgeable and competent. Comments about **personal growth** as a result of the Family Program were the most numerous (87), with many respondents describing how the program helped them to feel better about themselves, how it had provided hope for the future and the tools needed to live a healthy existence. There were 34 comments **requesting more**: a longer program or smaller groups, and the need for one-on-one counselling. A sampling of the related verbatim comments are provided below, organized by theme.

i) Staff Attributes & Quality Of The Family Program:

The comments reflected through this section describe the facilitators, variously, as being 'great,' personable,' 'caring,' 'informative,' and 'compassionate.' The program was described as being 'powerful,' 'excellent,' and 'safe.'

> ***There are no words adequate enough to express my gratitude! The facilitators and group provided a compassionate, safe, informative, nurturing environment where I could grieve, vent, learn and grow! Thank you, thank you, thank you!!***
>
> ***Very pleased. I feel the facilitators are excellent at leading group sessions...***
>
> ***Excellent resource for anyone which provides an unconditional positive regard for all.***
>
> ***Loved the safety of the group. The facilitators...were great, personable, caring.***
>
> ***... wonderful facilitators who helped to create a warm, accepting, yet challenging to my old ways, place to be.***
>
> ***Facilitators kept the environment safe. Very informative about families living with addiction. Facilitators had a sense of humour.***
>
> ***... the facilitators were like the mothers I never had.***
>
> ***Excellent counselling service. Very powerful. I learned more about myself in 6 weeks than years of counselling from psychiatrists!!***

I have an 'at home' feeling. In my life I never really had a 'safe place' to come home to. When I see AFM I think HOME.

It exceeded my expectations.

I am so grateful for this program, because I was accepted for who I am and the things that I had to say.

I would like to fill the program with friends and relatives. Anyone and everyone can benefit from most of these techniques.

I have tried individual therapy several times but this has finally gotten me really started. I feel I am finally on the right track! I was initially quite sceptical, but soon realized that the help and support I needed could be found at the AFM Family Program. It's a comfort to know you are in my community.

I have seen many people in the helping profession over 20 years and never learned as much in 20 years as I did in 6 weeks.

I should have taken on this program many years ago, but better late than never!

The one negative comment:

Greater understanding of self, yet (I) felt one facilitator was cold and rigid.

ii) Comments About Personal Growth:

There were many positive comments about the impact of the Family Program on individual personal growth (87). Each of these puts a slightly different perspective on respondents' personal growth, and the impact the program had on their lives.

I have lost my enjoyment and desire for life, and feel this program has given me back my life, and some strategies and skills to cope.

Bonding with group members was strong. Session came at a strategic time in my life to facilitate a major breakthrough in my growth in self-expression and awareness.

Before the program I didn't feel good about myself at all. Now I no longer feel that way. I know I'm a good person.

I needed this time to review my personal growth progress. I needed to set stronger limits around throwing and hitting. They have stopped. Language is still a problem.

This program has made such a impact on me, mostly through the

actual practising of getting in touch with my feelings, the literature, personal plan, follow-up, and continual growth work (12 step). I think it has covered everything.

For the first time I have hope for the future, instead of just existing day-to-day.

I believe this program has helped me to take responsibility for myself, my feelings, my actions.

I feel like I have a healthier frame of mind. I know my situation wasn't 'okay' and I am 'okay' for feeling the way I do. I'm a good person!

It was satisfying to have people listen to me as well as hearing their problems too. The reading materials are very helpful for me.

I really had the opportunity to examine myself using the special insights that were provided.

The program gave me a lot of hope to find solutions to my problems by looking at my attitudes towards those problems.

What I have attained has surpassed my expectations. I feel more in touch with myself and have changed my focus from others to me. My personal journey has taken a giant leap.

Living with an addiction, I have fooled myself into believing everything is fine with me. It has given me insight into taking action to help myself.

I feel that I'm going to be okay now for the rest of my life. Before a crisis would take me down to the depths of despair and I didn't know how to get back up and face life. Now I do.

The program has helped me to find myself and to have a better relationship with my children and my partner.

A very positive learning experience in an area I have never been exposed to before at such a level. Exciting, vital information and experience.

I wish I could have opened up more and had a chance to feel better emotionally. I guess that it will come in time.

It really helped me understand that the focus should be on me and not on the person with the addiction.

It made me very aware of co-dependence. That's a start.

Really gave me the support and suggestions I needed during a difficult time.

Got a real understanding on how addictions affect entire families.

It's like how to defuse a bomb before it explodes. Had I not attended, I don't think I'd still be married.

This program is so what I needed. I am grateful that there is such a group. I feel that I finally reached the beginning of my recovery. It sounds funny to be grateful to be at the beginning, but it is such a relief because it was such a long road just to get here.

Thank you for helping me understand and cope with my feelings.

iii) The Program Left Respondents Wanting More:

There were 34 comments requesting a longer program or smaller groups. Six respondents commented that they needed one-on-one counselling (one because of confidentiality issues) and one person thought they didn't need a program at all.

I have found myself. I only wish it were longer.

I enjoyed it very much, would have liked to have spent more time.

I feel that I would have benefited from a longer program.

I found it very helpful in dealing with family situations. Think I will go to the Family Day Program.

I do wish it went longer than 8 weeks. However, I understand that you need to draw a line somewhere.

I didn't think a lot of new things would be revealed to me and they weren't. I think I needed one-on-one participation for guidance.

Although I do feel I gained something from the whole experience, I think I was expecting something different or more, and was a little disappointed.

Although I wished it was longer because there is so much more I could have worked on, I thought it was terrific. The counsellors were so caring and helpful and I learned a lot.

iv) Areas Of Concern:

Most of the comments in this section repeated issues raised in earlier questions. Supplementary comments are cited below:

I require a deeper understanding. This seemed more like an overview; more general. I want a more specific model and tools.

I'm a listener more than an expressive -words- person. I found the conversations from individuals very helpful for me. Maybe just have ONE facilitator. I found two facilitators intimidating.

I found that much of what I was lectured on I already knew about by reading books.

My hearing impairment restricts me from hearing lots.

2.12) Respondents' Future Intentions Regarding The AFM:

Respondents were asked two questions regarding their future intentions about the Family Program.

- The first asks whether they would *use the AFM in the future, if a similar problem arose.*
- The second asks them whether they would *recommend the program to a friend or relative who had a problem similar to their own.*

Possible responses range from 'Definitely Would' through 'Probably Would,' Probably Would Not,' and 'Definitely Would Not.'

These questions are used as **global measures of client satisfaction**. If a respondent reports they would either use the program again, or recommend it to someone else, this is generally seen as a positive indicator of overall satisfaction with the services they received.

i) Using The Program Again:

The large majority of respondents, in the aggregate, reported they would 'Definitely' use the AFM again if a similar problem arose (81.5%) (Figure 36). Of the remainder, 17.7% reported they would 'Probably' use the program again, and 0.8% (n=2) reported they 'Probably Would Not' do so.

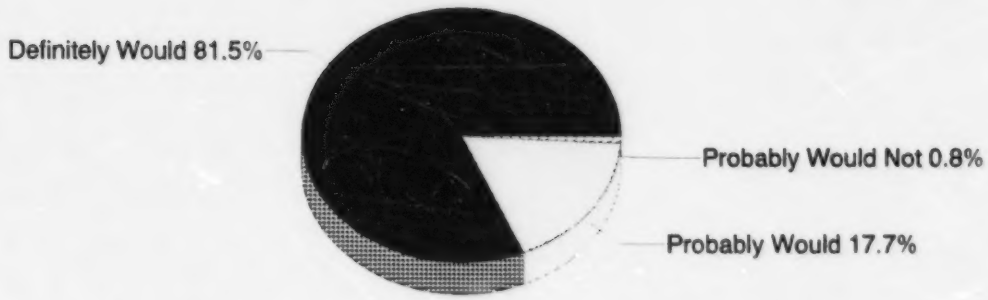
Analysis By Program:

Comparing these responses by program attended, approximately 80% of the respondents who attended either the Family Day Program or Family Evening Program who would 'Definitely' use the AFM again. There was virtually no variation in these responses (n=225; χ^2=0.11; df=2; p=.95).

ii) Recommending The AFM To Others:

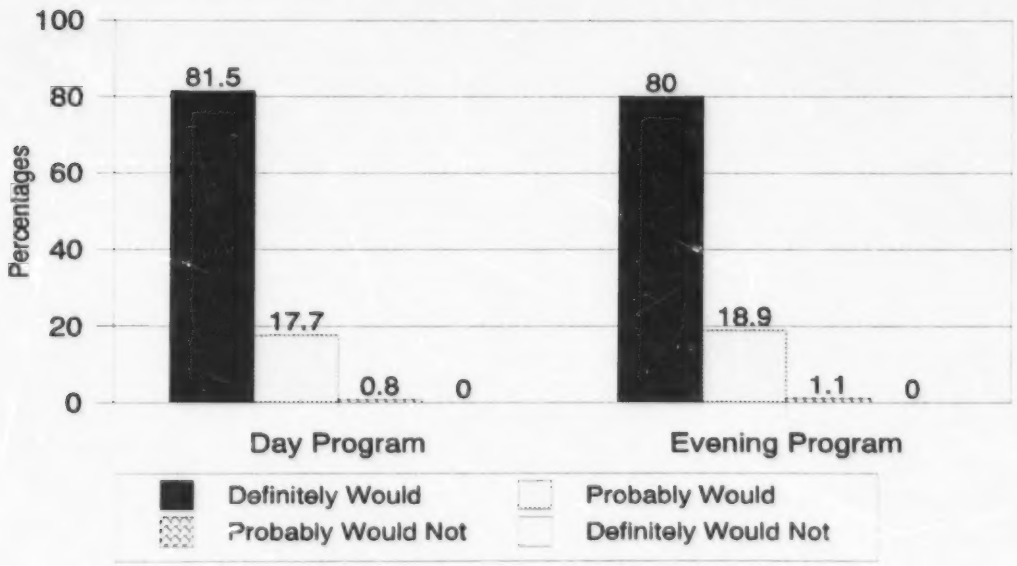
In the aggregate, an even larger percentage of respondents reported they would 'definitely' recommend the AFM to a friend or relative with a problem similar to their own (91.0%) (Figure 38). Another 7.7% reported they would 'Probably' recommend it to others, while 1.3% (n=3) 'Probably Would Not.'

Figure 36 Would Respondents Use The AFM Again If A Similar Problem Arose? Aggregate



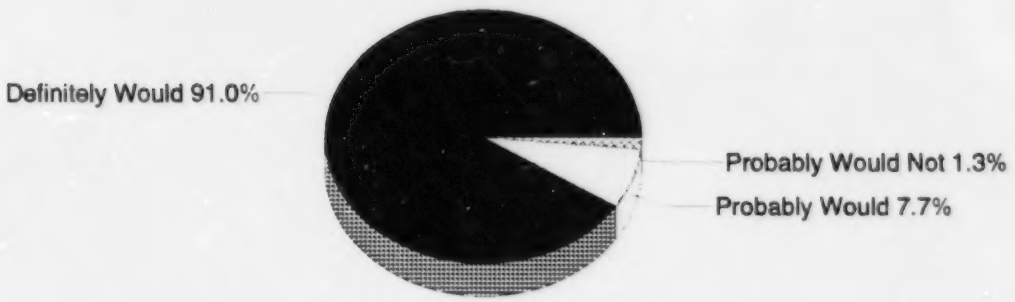
(N=237)

Figure 37 Would Respondents Use The AFM Again If A Similar Problem Arose?



(N=130; 95)

Figure 38 Would Respondents Recommend The AFM To A Friend/Relative With A Similar Problem? Aggreg.



(N=234)

Analysis By Program:

There is virtually no variation in responses to this question by program (Figure 39). The percentage of respondents who would 'Definitely' recommend the program ranged from 89.1% of those in the Evening Program, to 92.3% of those who attended the Day Program, and 91.7% of those who attended both (n=222; χ^2= 1.07; df=2; p=.59).

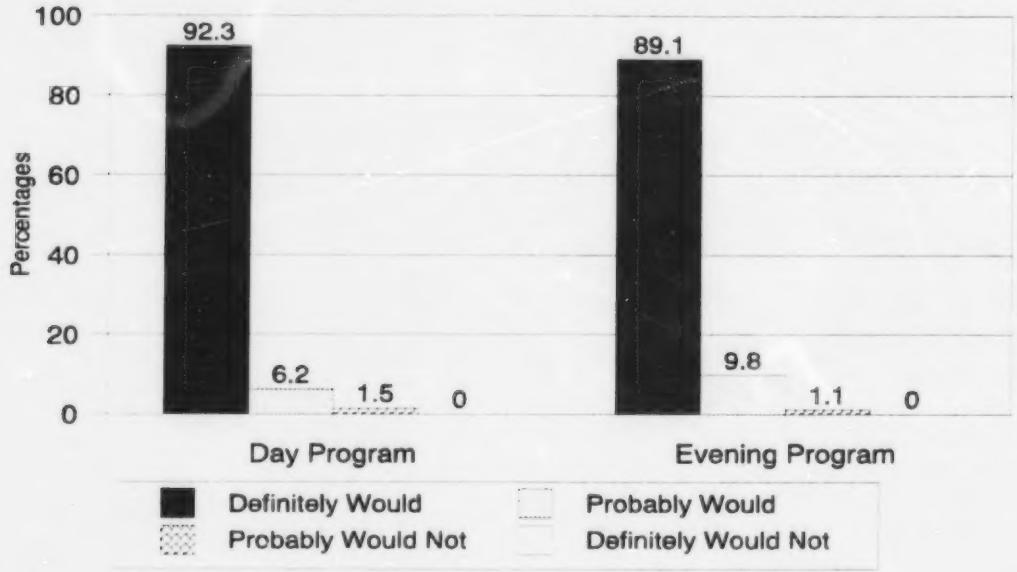
iii) Respondents Expanded Upon Their Responses:

Over 200 respondents qualified or expanded on their responses to the two preceding questions. Almost all comments focused on the reasons why respondents would either attend the AFM again, or recommend the Family Program. Many of these provided general positive comments on some aspect of the program. If there were qualifications, they largely pertained to whether or not the individual might experience the need for such a program, or the readiness of a friend or family member to admit their needs. Comments from the six respondents who said they would either not use the AFM again, or would not recommend it to a friend or relative, are set out below.

Respondents Who Would Not Recommend The Program:

There was a negative perspective contained in three responses. These respondents felt that the program did not meet their needs. Three additional respondents indicated that recommendations to the Family Program would depend on their assessment of the other person's individual needs.

Figure 39 Would Respondents Recommend The AFM To A Friend/Relative With A Similar Problem?



(N=130; 92)

Christie House just wasn't geared to me or any one of my problems.

For people with some background already it doesn't see to move one very far. It seems more (like) informational awareness.

I would like to go to a one-on-one counsellor.

I might seek help anywhere I could find it if I had a problem similar to what bought me to AFM. However I'm a poor judge of other people's problems.

I know the program helped me but I can't always be sure how the advice (regarding a recommendation to the program) would be accepted, especially if the time is not right for them.

It would depend on the individual and the circumstance.

Respondents Who Would Use The Program Again:

Twenty-four respondents provided reasons for using the program again and recommending it to a friend or family member. The following comments reflect these views.

I would strongly recommend the AFM or use it again because of the amount of knowledge and support available to a person.

...If I became stuck in an emotion, or overwhelmed, or became involved with an addictive person, I would contact an AFM counsellor. I have already recommended the AFM Day Program to several friends with similar issues.

If any trauma in my life became overwhelming to me, and I was having difficulty in sorting it out, it would be reassuring to know I could come back. I am so thrilled with the program. I wouldn't hesitate to recommend it.

I hope I have gained enough knowledge through this program so I wouldn't have to attend again, but I would certainly recommend it to a friend because it has been so helpful to me.

If any problem ever occurs later on in my life I will definitely be back. I would recommend this program to anyone with a similar problem because it really helped me. I loved it!!!

Respondents Who Are Planning To Use The Program Again:

Three respondents talked about repeating the program. Two of these comments are cited below:

I plan to check out Christie House for further workshops. AFM has helped me most in recovery from addiction and emotional help more than the psychiatrists at HSC that I saw for 5 years!! They just medicate. Thank you very much!!!

I would love to attend a program like this once every 2 years or so. I think life will always present problems, the family program gave me some tools to deal with them and allowed me to find myself...

Respondents Who Would Recommend The Program to Others:

There were 54 respondents who said they would recommend, or already had recommended, the program to someone else. Seven of these qualified their recommendation by adding a comment regarding the readiness or receptiveness of the other person for the advice.

Would Recommend In The Future:

Actually, I know several people who have been through similar programs which was why I was willing to try it. Therefore I'd recommend it to others.

I would not hesitate to recommend the AFM to anyone in need, as it is very helpful and caring.

The work being done here, the healing that I see both inside myself and with those also present tells me that everyone I know could benefit from the Family Program experience.

I will strongly recommend the program to family and friends.

I have already recommended this program to many of my friends.

I have grown so much in only 6 weeks that I will praise this program for a long time to anybody I think will benefit from it.

Definitely I would recommend the AFM. It helps to save lives...

Respondents Who Already Have Recommended The Program:

I already have recommended it to a couple of friends and my partner. I don't think there are many people in this world that would not somehow benefit from this program.

In fact I have referred quite a few people. I see it as the key to changing dysfunction of any kind as it provides so much insight into behaviour.

I have already told several people and I will continue to encourage them.

I've already been spreading the word as to how much the programs have helped me and my family.

I benefited so much that I want our daughters and my sister to go through it so that we can begin some family healing.

I have recommended the AFM to several of my family members and my partner. Three of them have signed up for programs.

Respondents Who Would Recommend The AFM, Qualified Responses:

I would give them the phone number to AFM, if they want to help themselves.

I would refer the family program, If I felt it would help that person.

I found it very helpful to me. I would recommend it to others but (I'm) not sure if some of my close friends would attend.

I know many recovering addicts and dysfunctional people who, if they asked me for advice, I would recommend this program to help them find their own answers.

I have recommended it to a friend of mine, who confided in me about an addictive daughter-in-law. She told me her daughter-in-law would never speak to her again if she even mentioned seeking help.

Living is continually growing and learning. At AFM we learn to cope much better with relationships, whether it be family or friends. I would recommend this program but many people I know who need it are reluctant to spend the time.

2.13) Additional Comments Or Suggestions For The Program:[15]

Finally, one hundred and eight clients provided additional comments. Fifty respondents gave further suggestions for change, twenty-five shared a positive general evaluation of the program and its impact on them, and twenty-four expressed gratitude. There were nine responses that commented on the way they answered the questions. For example, five said that a recent death or accident may have influenced how they answered the questions. In addition, fifteen general responses were provided in relation to the preceding question, which fit better under this heading. These have been merged with the sampling of the comments provided below.

Positive Perceptions of The Family Program:

As with the preceding questions, participants in the program had many complimentary remarks about the facilitators' skills, the overall value of the services provided by AFM and the beneficial impact of the program on their lives.

Excellent Program!! Invaluable!!

It was wonderful!

The facilitators...are very skilled. The combination of each of their personalities and techniques is an excellent mix.

The material found at the AFM library is very helpful. Learned more with information read/videos seen from library.

I found it inspiring, the way people came and went and what it meant to me. I liked the circle of blessing.

I felt I did learn some things, but I have to work on my self-worth.

---

[15] While all comments cannot be included in this report, program managers and staff will be provided with a volume containing all verbatim suggestions, under a separate cover.

...Group has helped me make myself aware of many, many issues and I have gained much needed insight into myself.

It is a very good program. Both of the facilitators are super women who make you feel better about yourself.

Something happens at AFM that is like a miracle because I can't explain it. I know that it's not hypnotism but whatever it is I feel it had a tremendous impact on my life.

Suggestions for Change:

Several respondents provided additional suggestions they felt would improve the program. Some of these have been identified in preceding questions. Suggestions included: a request for more weeks of programming (16), smaller groups (12), and more opportunities for one-on-one counselling (5).

Three respondents suggested that additional family members should be included. Suggestions regarding **program activities** included: more role playing (2), a shorter check-in period (2), opportunities for closure (2), a review of material, less time spent on films, incorporating videos into sessions, more meditative work, more tools to cope, and less inner child work.

Suggestions concerning **content** included: having a section on manipulation and control, changes in family structures, and requests for handouts listing the videos and the books used and information on further programs. There were also suggestions related to the **facilities.** These included a request for a microwave, wheelchair accessibility and a bigger room.

Process suggestions included: only one facilitator per group, screening participants more closely, and having follow-up interviews. Additionally, one person found the facilitators' private talk at breaks disturbing. Selected comments are provided below:

Suggestions Related To Group Size And Scope Of The Program:

I would suggest that the groups not get too large otherwise people will not get the full advantage of what it has to offer. Thank you for allowing me to participate!

I think it would be great if the groups were just a bit smaller.

Extend the program! Perhaps offer drop-in one-to-one counselling sessions?

I realize that how I feel now is normal in the grieving process and being sad is okay and healthy. I would like this program to have a Part II once a week...where the safe environment would continue.

I found the Family Program exhausting... (It) took a great deal of

energy. I hope there could be a one-on-one with either of the group facilitators, to perhaps discuss or receive feedback on our Individual Plan and Family Services Personal Plan, or to just discuss our experience during the Family Program.

Maybe expand service to include an actual family, with some charge (fee) for this more intensive service.

It would have been helpful for me to be able to include my 16 year old daughter in this program. She wanted to attend. I understand your policy but it would be helpful because I've shared information with her and that's okay.

I think a smaller group (i.e. 10 at the maximum) with possibly one facilitator would allow much more time for the education/lecture/ awareness aspect of the program. Personally, I would feel much less intimidated if it was not a mixed group.

Keep it going! It is needed! As a note, I waited over the course of the summer some 3 months to attend, from when I saw _____ to my actual start date.

Keep it going 365 days a year!

Suggestions Related To Process:

The 'Day Program' should be available in the evening. It is so wonderful.

I would like a little more information and encouragement from the facilitators in the last half hour.

Sometimes the checking-in took so long. We didn't have a chance to do the practical portion. The calendar was messed up and my group took 2 classes of 'boundaries' standing and walking towards each other. I'm wondering what session we missed. Some of the sessions were very important and had a real impact on me.

I found getting up and doing the song and dance was fantastic. I think it would be great to work this into the program maybe once a week or when the discussions start getting long and one would like to stand up and stretch as we continue with the program of the day.

You need a closing for group. I would have liked to see facilitators give a reason why they shut up a person (even if it was obvious to me) to the person, after the event.

...Maybe a review of sorts would be in order. I know some things really clicked for me on our third session. It really brought everything together. I remember bits and pieces about our first session and being in denial not wanting to admit that what I was seeing was my reality, what was going on in my life.

Bigger room or maximum group size of 16. The room often felt crowded and closed in when the group was large.

Possibly need to screen participants more closely to ensure they belong in the program. It would be useful to explain to participants that the group turns over twice during the 6 week period and the rationale for this.

Would like to be able to utilize more one-on-one time with facilitators. Appreciate group members sharing, but (I) am still nervous, anxious and fearful about my own sharing. Not too good at inner child work, drawing imagery, found the Family Environment Scale very frustrating to answer because: a) I now live alone, b) My siblings are married/partnered and living separate lives, c) Both parents are dead.

The manner in which the counsellors talk to each other in the small rooms during breaks and before and after the meetings reminds me that some kind of secret is being kept, which of course reminds me a little of my childhood home.

General Comments:

Following their responses to the close-ended question, many participants (114) made a general comment on the value of the program. These generally touch upon the benefits that respondents feel they achieved through their participation in the Family Program, or what they liked about it.

I think it is a good program for anyone to get in touch with themselves.

Even though I'm still struggling, it has given me a greater understanding of self and therefore a little more strength.

AFM has helped my mother through rehab, myself and two sibling through the Family Program and all of us have found it supportive and helpful.

The honesty and integrity of the people at Christie House/AFM is admirable. I felt comfortable in the environment which allowed me to work through my problems.

Beneficial. My shame is always what kept me from doing this.

Recovery is not a once but a first step.

This is the safest most comfortable place I have ever been in my life. Allowed me the opportunity to find me somewhat and realize the power and peace of addiction-free life.

It was very beneficial, in a safe caring environment. It was one of the, if not the, healthiest most positive things I've done all my life. And it was all about ME!

Just because I didn't get a lightning bolt of insight doesn't mean I wouldn't in another situation or that others wouldn't. Searching for answers is always growth.

AFM help me sober up, great programs, for ongoing discovery and recovery.

There are so many resources available but you have to reach out and use them. They are all free counsellors, groups etc and the library.

I found the program helpful and useful in enabling us to understand and address our family addiction problem.

I witnessed how many people were helped.

AFM has given me direction for many years (to come). I wish that I would have gone when I was 16.

The AFM and River House and Christie House have saved my life.

Thank You & Keep Up The Good Work:

While respondents frequently expressed their gratitude throughout the survey, there were 24 respondents who used this last open-ended question to say thank you both to the facilitators and to those who ensured the program continued to be available. The comments provided below are a representative sample of these comments.

I feel this was an excellent program. Keep up the good work. Thank you.

Keep up the very good work! Thanks!!

Thank you for the program and thank you to the counsellor and facilitators. I'd still be lost if it wasn't for all your help, caring and understanding.

This was an excellent program and I'm glad I had a chance to be apart of it. Thank you!!!

It's the best thing I've done for myself so far! Thank you, Thank you, Thank you. (The facilitators) were excellent! I'll never forget them!

You provide a terrific service. I just wish more people were aware of it. Thanks so much!!

Found the program very informative. I wasn't the only one with a problem. Got ideas from other participants on what could be done. Thanks to all.

Can't think of any suggestions. I would like to thank the people who run the program for making sure it keeps going, as I have found it very helpful.

May you always be provided the resources and supported needed to continue this centre and it's programs.

It has been a wonderful experience for me and I want to thank all the facilitators.

Thank you so much for being so good at what you do!

I am grateful for the program and the support of the facilitator. These programs are essential in order to promote health and well being for affected persons. Thanks!

A special thanks to everyone who has made this program available and especially to those counsellors who have helped me to see things in a different light.

Keep up the excellent work that Christie House is doing for people in Society who have problems being with or are involved with who have problems related to people with addictions and are willing and able to attend your sessions.

Nothing short of a life-giving and life affirming outlook on life that I had heretofore not imagined! keep up the tremendous work!!

PART TWO:

RESPONDENT OUTCOME MEASURES

CHAPTER FOUR
MEASURING PROGRAM OUTCOMES

I) BACKGROUND:

This chapter examines respondents' changes over time with respect to key performance measures that were developed in conjunction with program staff. For the purposes of this evaluation outcome indicators included a decrease in respondent depression, an increase in respondent self-esteem, healthier respondent locus of control, and an increase in respondents' feelings that they were in control of key aspects of their lives. To undertake this analysis, related scales were administered by respondents at three points in time: upon entry (as part of the AFM's standard intake and assessment process), upon exit from the Family Program, and at six months following exit.

In order to ensure that the analysis of measures across time was meaningful, ***repeated measures*** were used for this study. In order for responses to be included in this analysis, respondents had to complete a specific scale at all three points of time. A respondent who completed a particular scale upon entry and exit, but not six months following their leaving the program, was excluded from this component of the study.

1.1) A Brief Description Of The Scales Used In This Analysis:

The Centre For Epidemiological Studies Depression Scale:

The **CES-D** is a 20-item, four-point Likert Scale that was originally designed to measure depression in the general population. It has also been used in clinical and psychiatric settings. The CES-D measures current level of depressed symptomatology, with emphasis on the affective component: depressed mood. The CES-D has adequate psychometric properties, and is viewed as appropriate for use with non-psychiatric populations and has been successfully used with other medical populations.[16]

Scoring this scale is achieved by summing the value of all responses to the 20 items. **Items 4,8,12 and 16 are reverse scored**. The range of scores is from a low of 0 to a high of 60. Higher scores reflect greater depression.[17]

The Rosenberg Self-Esteem Scale:

This scale measures clients' self-acceptance aspects of self-esteem. It consists of ten items, scored on a four-point Likert Scale. The scoring key is provided below. Scores range from '1' for responses of "strongly disagree" to a high of '4' for a response of "strongly agree," for items 1,2,4,6,7. Reversed scoring is used for the remaining items.

Following completion of the scale, the value associated with each item is added and aggregated. The possible range of scores is from '10' through '40.' No norms for

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[16] For additional information, please refer to: **Psychometric Properties of the Centre for Epidemiologic Studies Depression Scale**, ***Psychology and Health, Vol. 2***, pp. 139-156. Information regarding instrument validity and reliability can be accessed through this source.

[17] A copy of all scales used in this evaluation are included as an appendix to this report.

interpreting the scale results could be located at the time of this writing. Higher scores are interpreted as indicated higher levels of self-esteem.

The Locus Of Control Scale: (Hazeldon)

This twelve-point scale measures the degree to which respondents feel responsibility for the actions and behaviours of significant others who may have a problem with alcohol, other drugs, or gambling. The focus of these items is on the degree to which affected persons feel that significant others can be held responsible for their own lives and behaviour. For example, is it up to the respondent to behave in a specific way in order not to upset others; is it their responsibility to help the addicted person solve their own problems; does the behaviour of respondents cause the significant other to become addicted in the first place; and so on. Computed scores for this scale range from a low or 12 to a high of 48. Higher scores are indications of greater locus of control, meaning that respondents have a healthy attitude with respect to the level of responsibility they have for the decisions and behaviours of their significant other. Several items are reversed scored.

Confidence Scale: (Hazeldon)

This scale presents respondents with a list of relationships, and with factors related to lifestyle and self-image, to determine how confident they are with regard to each. Possible responses to this three-point scale range from 'very confident,' which is scored as 3, to 'somewhat confident' (2), and 'not confident at all' (1). As with the previous scales, higher scores are indicative of greater levels of confidence.

II) OUTCOME STUDY RESULTS:

2.1) Depression Measures:

Aggregate Findings:

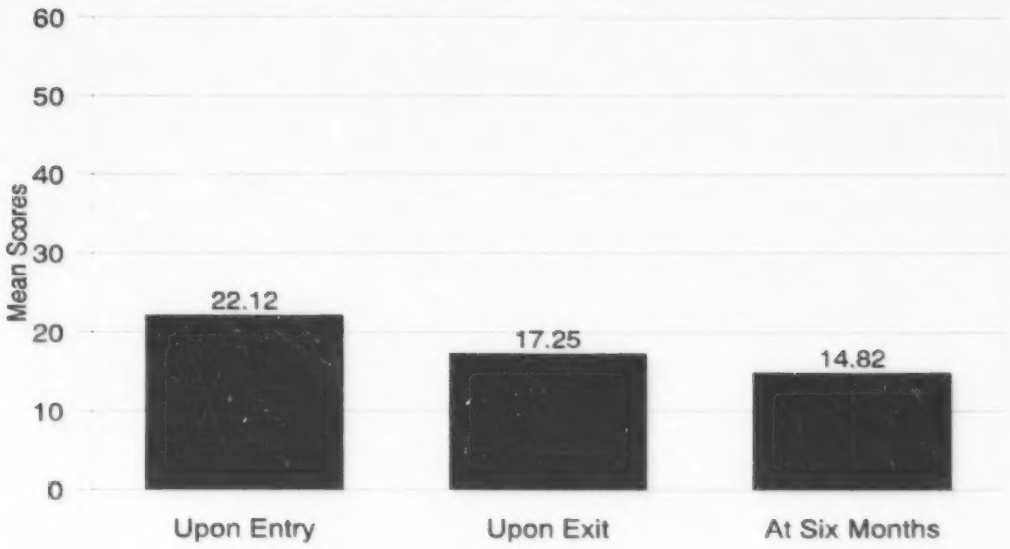
The mean score of respondents in the aggregate on the CES-Depression Scale, upon entry (Time One), was 22.12 (sd=12.87) out of 60.0 (Figure 40). This places them at the 37th percentile. While these respondents were not generally depressed upon entering the program, their mean scores on this depression scale, upon exiting the program (Time Two), was 17.25 (sd=11.25), reducing further to 14.82 (sd=11.94) at six months following the program (Time Three).

The extent to which respondents provided indications of reduced levels of depression over the three points in time is considered statistically significant. This relates both to the degree of positive change from Time One to Time Two (n=112; t=4.13; df=111; p <.001); and from Time Two to Time Three (n=112; t=2.22; df=111; p=.029).

By Program:

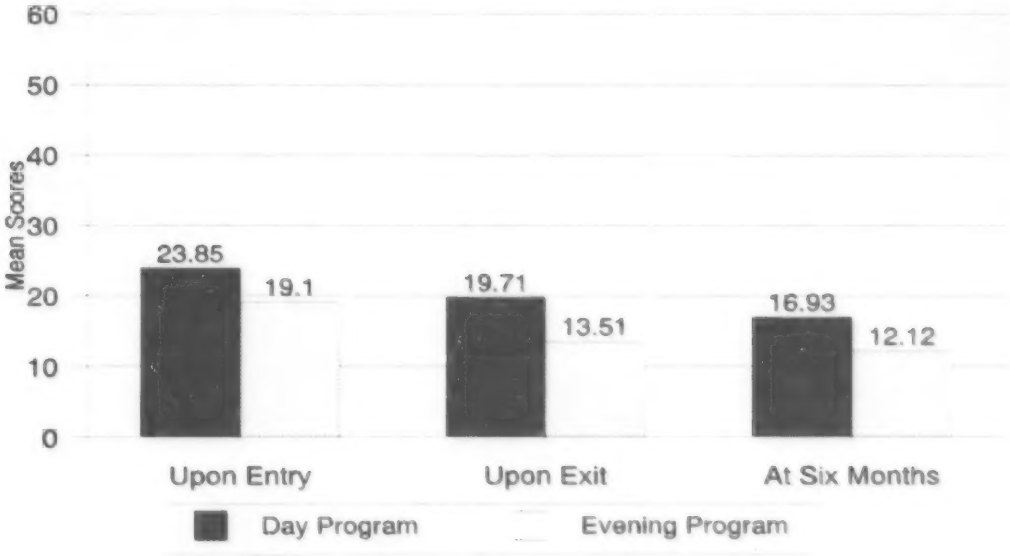
Two observations can be made with respect to respondents' depression and the programs they attended. First, regardless of which program respondents attended, there were indications of lessened depression over time (Figure 41). In considering the extent of change experienced both by respondents attending the Family Day Program and the Family Evening Program, no significant program-wise degree of variation exists (n=111; F=0.84; df=4; p=.50).

Figure 40 Respondents' Scores On The CES Depression Scale: Aggregate



(N=112. Repeated Measures were employed.)

Figure 41 Respondents' Scores On The CES Depression Scale: By Program



(N=66, 41. *Repeated Measures* were employed.)

The second observation is that respondents who attended the Family Day Program tended to present higher degrees of depression, at all three points in time, than did those who attended the Family Evening Program. However, as has been previously noted, clients from both groups apparently became less depressed over time.

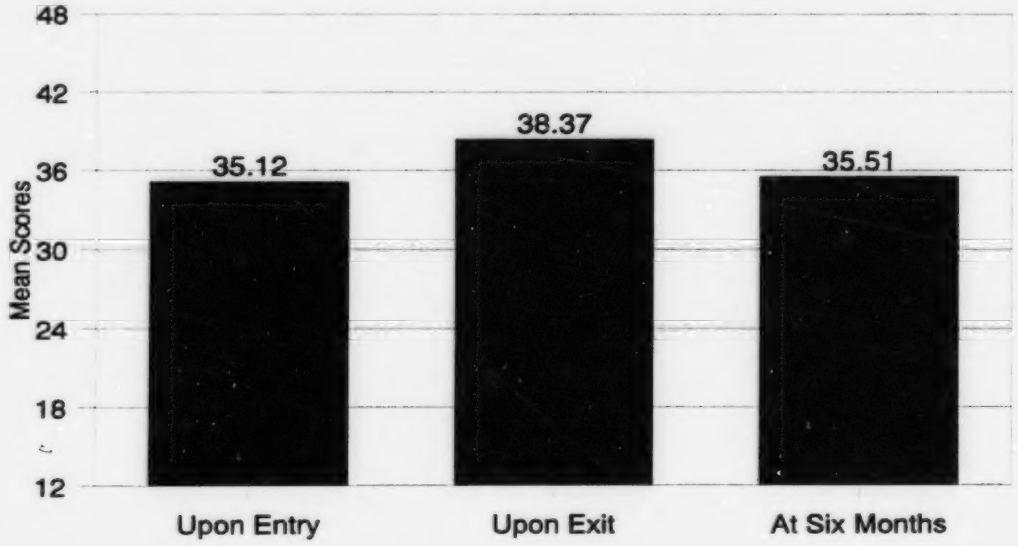
2.2) Locus Of Control Measures:

Locus of control is an important issue for the Family Program. Many of the clients who attend AFM Family Services tend to feel responsible for the actions and problems faced by family members or significant others. One of the primary goals of the program is to change this dynamic. This scale is designed to measure the extent to which this took place.

Aggregate Findings:

In the aggregate, the mean score recorded for all respondents, on this scale at the point of entry, was 35.12 (sd=5.26) out of a possible 48.0 (the 73rd percentile) (Figure 42). For this scale, the higher the score the more appropriate is the client's locus of control. This mean score, at Time One, indicates that these respondents were fairly well able to differentiate between areas for which they have control, and those over which they do not, when it comes to the behaviour of significant others. Upon exiting the Family Program, respondents recorded an increase in the score to this scale, up to 38.37 (sd=4.94). However, six months following the program, the mean score for this scale reverted back to its starting point of 35.51 (sd=4.12). In this instance, the rate of change recorded from Time One to Time Two is considered statistically

Figure 42 Respondents' Scores On The Locus Of Control Scale: Aggregate



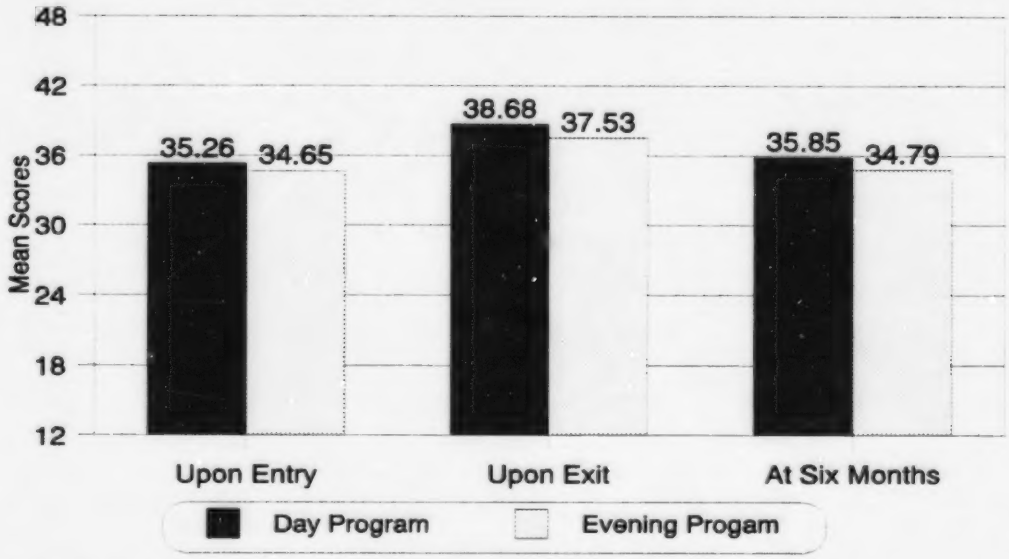
(N=122. *Repeated Measures* were employed.)

significant (n=122; t=-7.78; df=121; p <.001). The rate of variation from Time Two to Time Three is also significant, although in this case this is indicative of a degree of ***increase*** in respondents' feelings of responsibility for their significant others (n=122; t=7.63; df=121; p <.001). As a result, there was no significant variation in the degree of change recorded from Time One to Time Three (n=122; t=-0.78; df=121; p=.44).

By Program:

The trends reported for the aggregate sample, with respect to Locus of Control, do not vary by the program that respondents attended (Figure 43). In terms of each time period, the trend is virtually identical across programs (n=116; F=0.22; df=4; p=.93).

Figure 43 Respondents' Scores On The Locus Of Control Scale: By Program



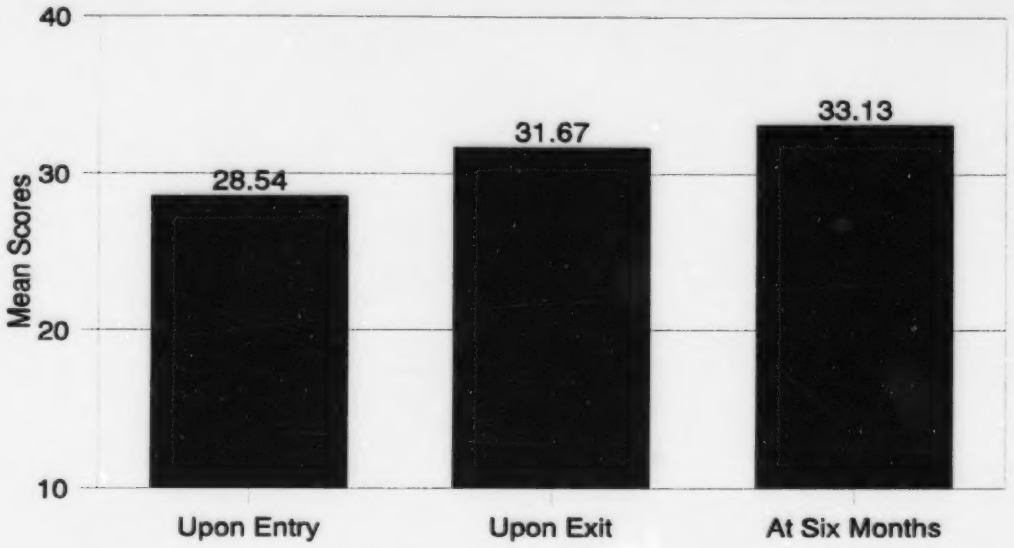
(N=73, 43. *Repeated Measures* were employed.)

2.3) Self-Esteem Measures:

Aggregate Findings:

Commensurate with the decline in depression indicated by respondents, there was a proportionate increase in indications regarding their self-esteem. Based on the Rosenberg Self-Esteem Scale, the mean response provided by respondents in the aggregate, upon entry, was 28.54 (sd=7.69) out of 40 (the 71st percentile) (Figure 44). While respondents' feelings of self-esteem were relatively high at Time One, they steadily increased at Times Two and Three. The variations in aggregate means from Time One to Time Two are considered statistically significant (n=121; t=-5.65; df=120; p <.001) as were those from Time Two to Time Three (n=121; t=-3.24; df=120; p=.002).

Figure 44 Respondents' Scores On The Rosenberg Self-Esteem Scale: Aggregate



(N=121. *Repeated Measures* were employed.)

By Program:

Clients who attended the Family Day Program provided indications of lower self-esteem than did those who attended the Evening Program (Figure 45). This was true at each of the three study points. However, respondents from both groups also provided similar levels of increased self-esteem when these results are compared, by program, over time. As a result, there were no significant variations, by program, in the extent to which respondents experienced increased self-esteem (n=115; F=0.75; df=4; p=.56).

2.4) Respondents' Confidence:

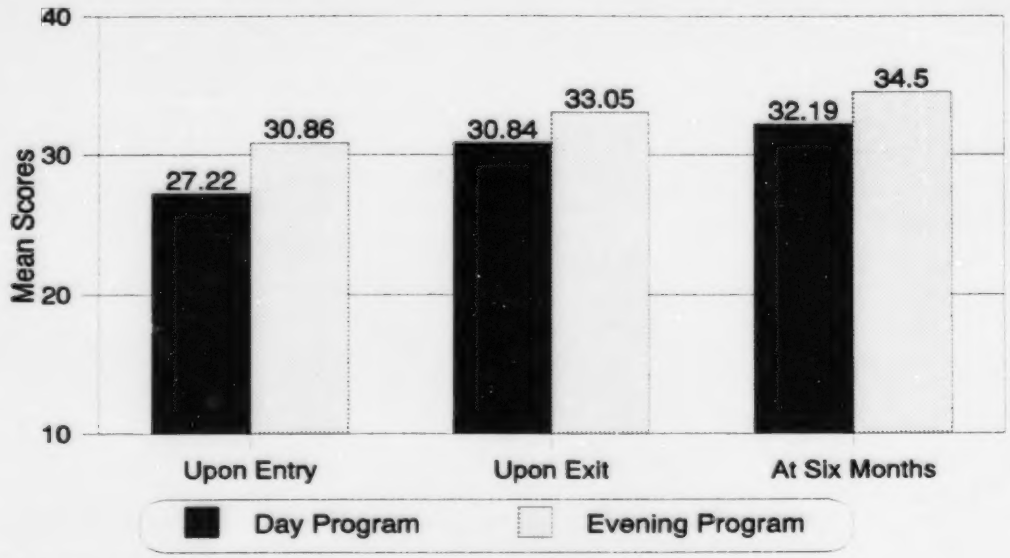
The Confidence Scale is divided into two subscales for the purpose of this evaluation. The first relates to respondents' confidence with their relationships, while the second relates to their confidence with their self-images and life-styles.

Confidence With Relationships:

Aggregate Findings:

In the aggregate respondents, upon entering the Family Program, were only somewhat confident when it came to their relationships with their fathers, and their spouses or partners (i.e. mean scores of 2.0 and 1.9 out of a possible 3.0) (Figure 46). They were most confident, upon entering the Family Program, regarding their relationships with their children; with a Higher Power; and with their friends (with mean responses ranging from 2.3 to 2.5). They were slightly more confident in confident in their relationships

Figure 45 Respondents Scores On The Rosenberg Self-Esteem Scale: By Program



(N=73, 42. *Repeated Measures* were employed.)

with their children; a Higher Power; their friends and; most notably, their spouses or partners upon exiting the Family Program.

At Time Three respondents felt somewhat more confident in their relationships with their friends; their mothers; other family members; their fathers; and their spouses or partners than they did at Times One or Two. There were, however, no relationships about which respondents felt 'very confident' either at Times Two or Three.

By Program:

There was little variation in these results when respondents' programs were taken into account (Figures 47 and 48). With two exception, these findings generally mirror those of the aggregated findings. The first exception relates to respondents' confidence with other family members. At Time One respondents who attended the Day Program were notably less confident with these individuals than were those who attended the Evening Program (1.9 and 2.3, respectively).

The second exception relates to the overall variations between responses at Times Two and Three. In all instances but one (children) respondents who attended the Evening Program continued to increase their levels of confidence, over time, with the remaining significant people in their lives. Respondents who attended the Day Program, on average, reported being marginally less confident in their relationships with other family members, and their spouses or partners, at Time Three than they were at Time Two.

Figure 46 Respondents' Confidence With Relationships: Aggregate Over Time

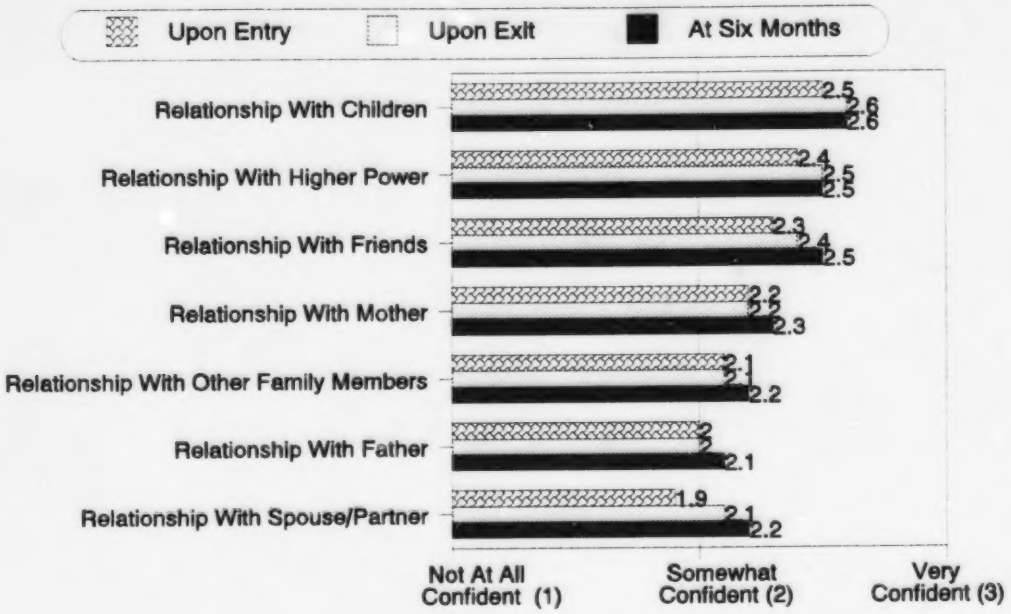


Figure 47 Respondents' Confidence With Relationships: Day Program Over Time

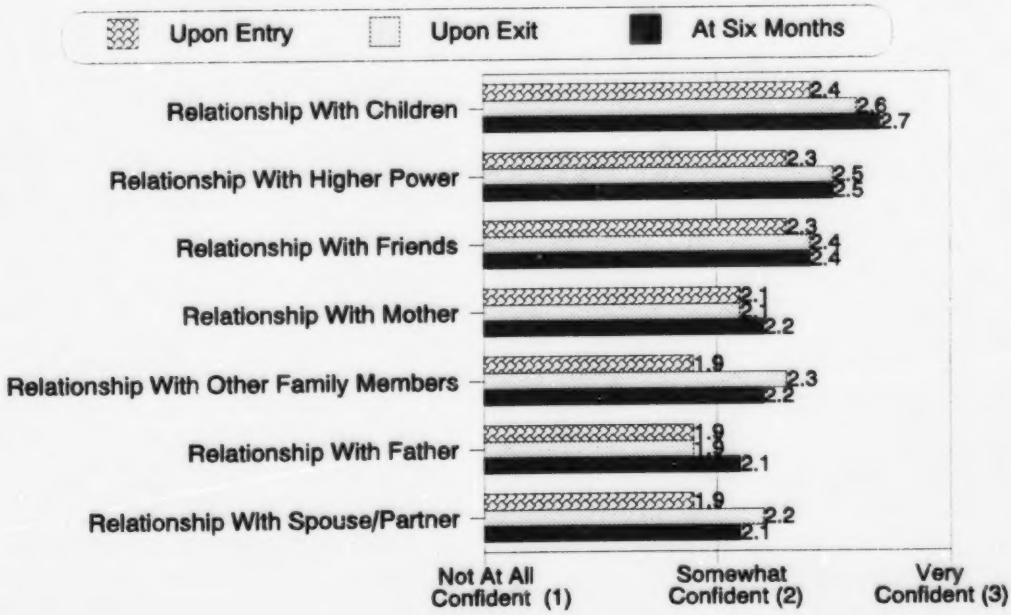
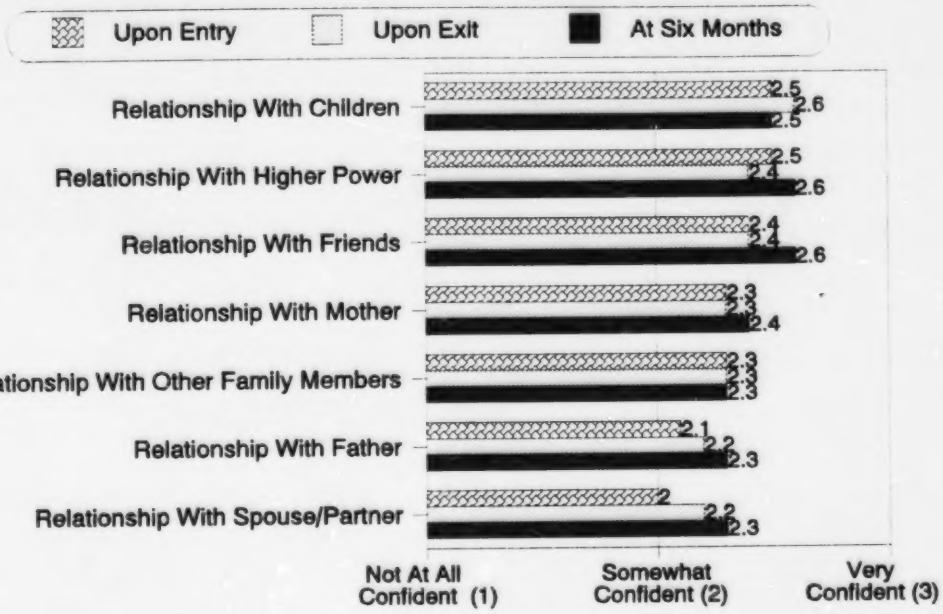


Figure 48 Respondents' Confidence With Relationships: Evening Program Over Time



Confidence Regarding Self-Image And Life-Styles:

Aggregate Findings:

Overall, respondents were only 'somewhat confident' regarding their self-images and life-styles when they first entered Family Services (with mean scores ranging from 1.8 to 2.0) (Figure 49). The one exception to this finding relates to respondents' job or school performance, about which respondents were more than somewhat confident. Respondents' confidence increased moderately at Time Two with regard to the following: their ability to handle problems; their sleeping patterns or habits; their general enjoyment of life; their self-image; and their ability to experience serenity. There was a continued increase in confidence, at Time Three, with respect to their ability to experience serenity. However, even the highest mean scores, at Time Three, indicates that respondents were only 'somewhat confident' regarding all of these factors.

By Program:

When these results are compared across programs, there were two notable variations in responses (Figures 50 and 51). First, upon entry, respondents who attended the Evening Program tended to be more than 'somewhat confident' in their job or school performance at each juncture in this study (with an average score of 2.2) than were those who attended the Day Program (2.4). However, by the time clients exited their programs, and six months thereafter, their confidence in their job or school performance was identical, regardless of the program they attended (i.e. 2.4 out of 3.0).

Figure 49 Respondents' Confidence With Self-Image & Life-Style: Aggregate Over Time

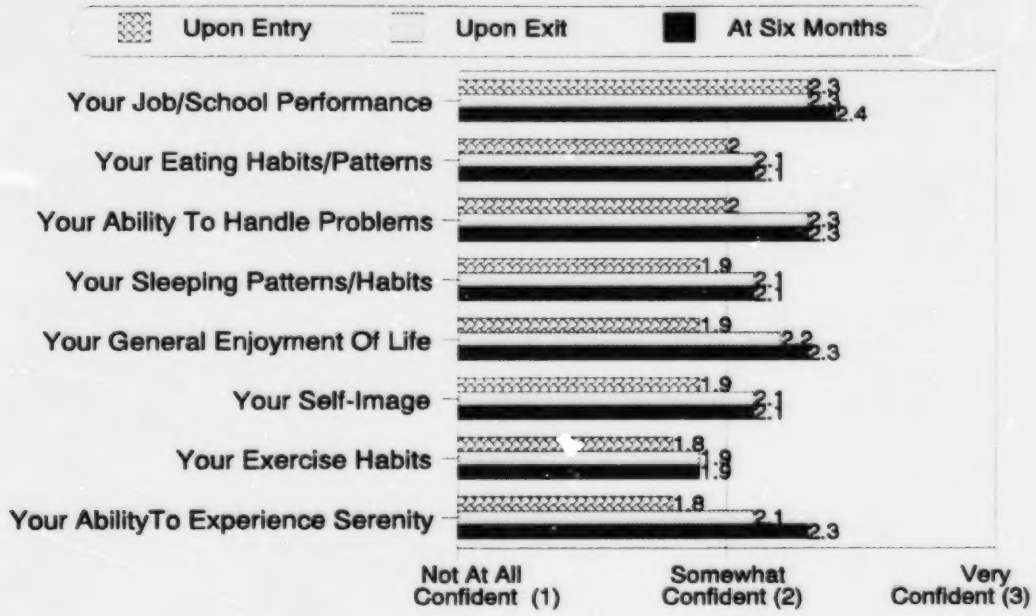


Figure 50 Respondents' Confidence With Self-Image & Life-Style: Day Program Over Time

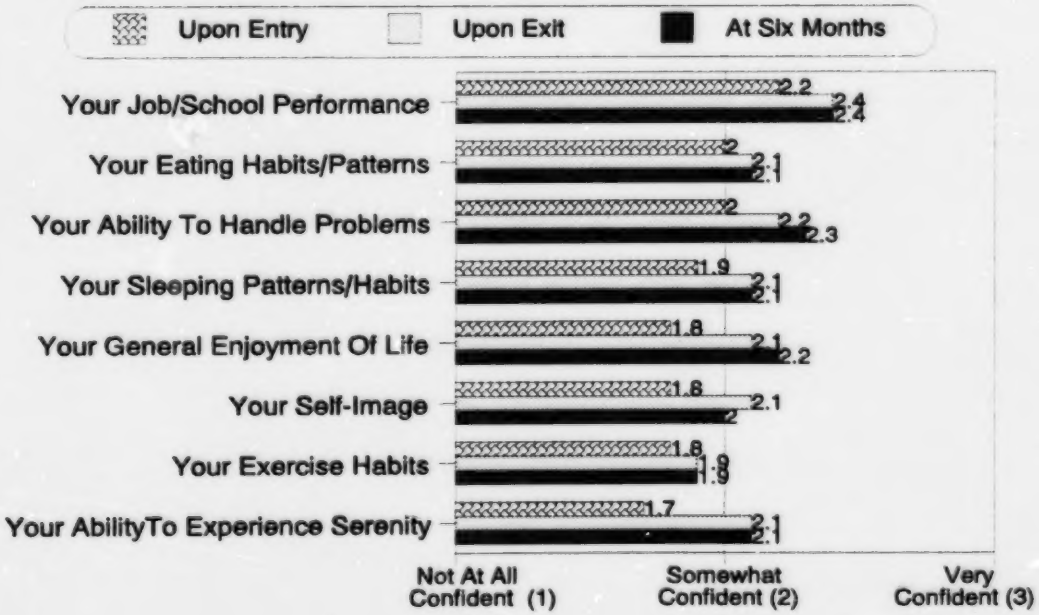
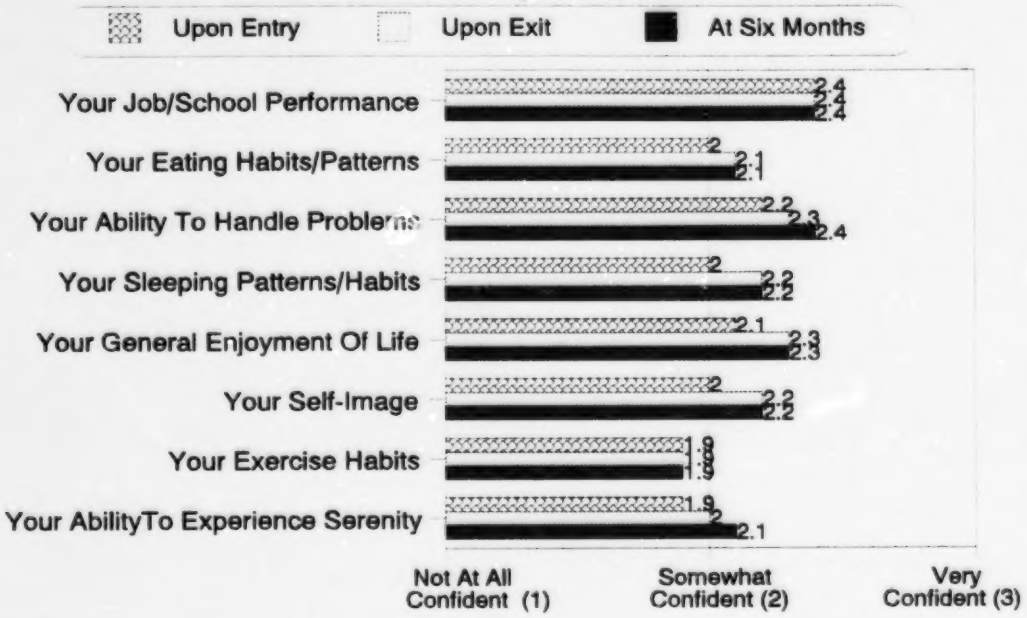


Figure 51 Respondents' Confidence With Self-Image & Life-Style: Evening Prog. Over Time



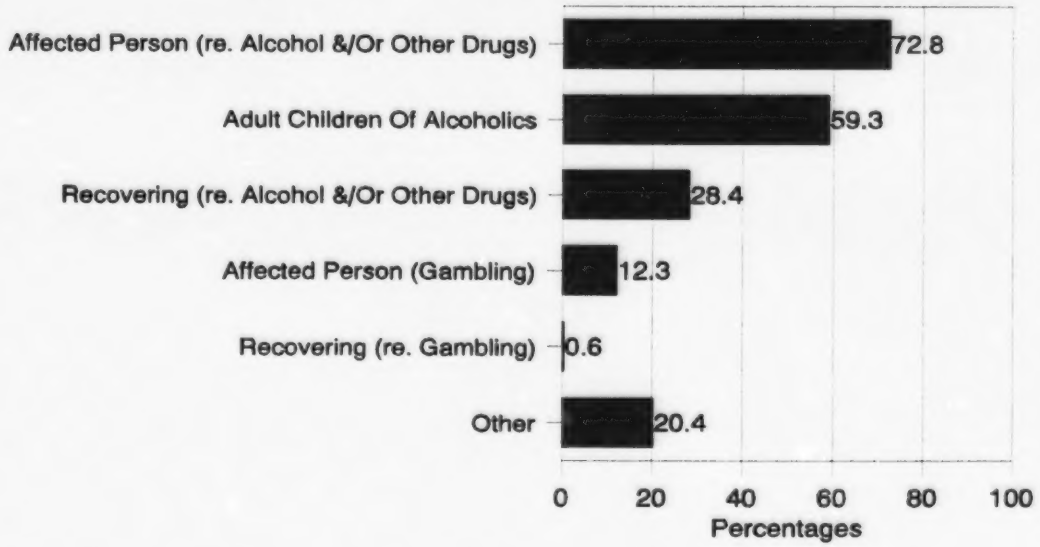
The second variation relates to respondents' general enjoyment of life. Once again, while respondents generally end with the same mean response to this question at Time Three (i.e. 2.2/2.3), those who attended the Day Program entered that program with less confidence in this respect than did their counterparts in the Evening Program (i.e. 1.8 and 2.1, respectively), indicating that the former made greater gains in this life area.

III) RESPONDENT OUTCOMES BY WHETHER THEY WERE THEMSELVES RECOVERING:

One feature of the AFM's Family Services is that its clients are not strictly those affected by someone else's usage. In fact, 28.4% of these study respondents reported that they were also recovering themselves in terms of alcohol and/or other drug usage. while one respondent (0.6%) reported recovering from gambling problems. However, the largest percentage of respondents in this study (72.8%) reported being affected by someone else's alcohol and/or other drug consumption (Figure 52). These were followed by respondents who were adult children of alcoholics (ACOA) (59.3%). Twelve percent reported being affected by someone else's gambling problems. 'Other' related problems or issues were identified by 20.4% of these respondents. On average, each respondent reported 1.9 different related problems or issues.

Staff were interested in determining if there was a relationship between program outcomes and whether or not respondents were themselves recovering. To answer this question, results of the three validated scales used in this study have been analyzed by this variable, once again employing ***repeated measures***.

Figure 52 Problems Or Issues Experienced By Respondents



(N=162. Multiple responses are allowed.)

To undertake this analysis, t-tests for paired samples were employed. This compared the rates of change, across these two study groups, regarding each of these three scales, at Times One and Two, Times Two and Three, and Times One and Three. The independent variable in this analysis was whether or not respondents were recovering, or were solely affected by somebody else's related problems.

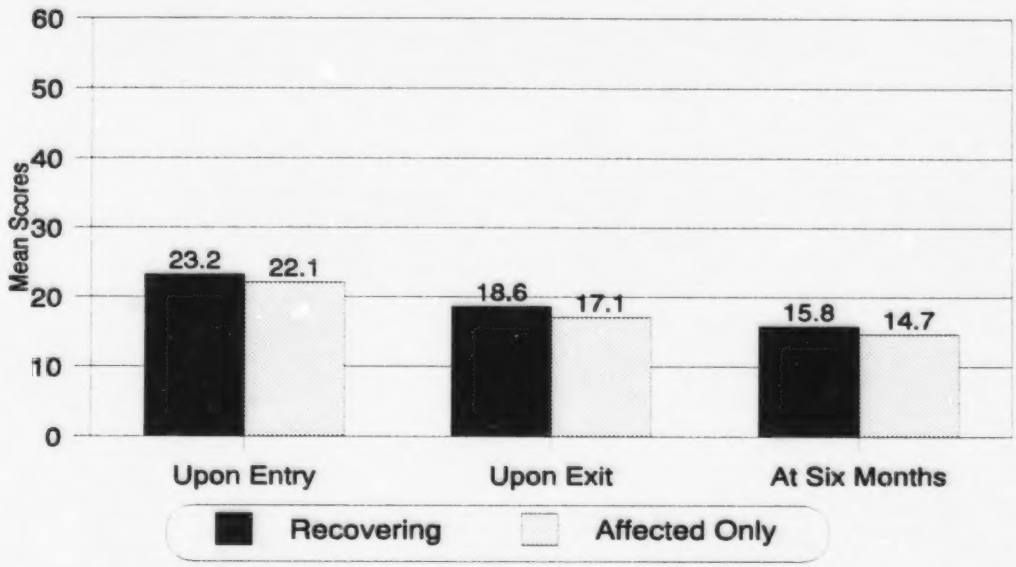
3.1) Depression Measures:

Respondents who were solely affected demonstrated statistically significant reductions in depression from Time One to Time Two (N=77; t=3.56; df=76; p=.001) (Figure 53). The mean for these clients at Time One was 22.09 (sd=13.4), compared with 17.08 (sd=10.9) at Time Two. Marginally significant changes were measured for these clients, when mean scores at Times Two and Three were compared [i.e. 14.8 (sd=12.3)] (N=77; t=1.85; df=76; p=.068).

When it came to clients who were themselves recovering, there were marginally significant changes measured by comparing mean scores on the depression scale at Times One and Two (N=30; t=1.92; df=29; p=.065). In this instance, mean scores at Time One were 23.17 (sd=12.1), compared with a mean of 18.6 (sd=12.6) at Time Two. While respondents indicated some reduction in depression from Times Two to Three [15.8 (sd=11.4)], this variation is not considered statistically significant (N=30; t=1.18; df=29; p=.25). The face validity of these findings would indicate that respondents in both groups demonstrated equivalent levels of change over the three points in time. The fact that greater significance was measured regarding respondents

who were solely affected may be related to the fact that there was a greater ***standard deviation*** of the scores among respondents in the affected group than there was with respect to respondents who were themselves recovering (i.e. sd=1.3 regarding scores for affected clients, at the T-2/T-3 comparison, as opposed to sd=2.4 regarding scores for recovering clients at this same juncture).

Figure 53 Scores On The Depression Scale: By Whether Clients Are Recovering



(N=30, 77. *Repeated Measures* were employed.)

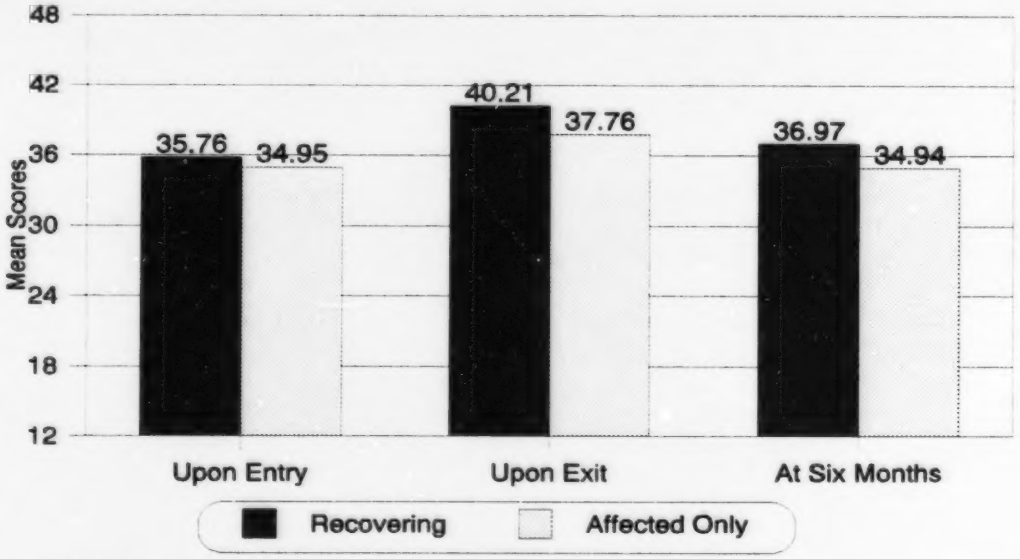
There was no relationship between respondents' issues or problems and their mean scores on the depression scale, when comparing from their point of entry until six months following the program. Variations from Times One and Three were statistically significant, regardless of which study group respondents were in (Solely Affected: N=77; t=5.05; df=76; p<.0001. Recovering: N=30; t=3.94; df=29; p<.0001).

3.2) Locus Of Control Measures:

Whether or not respondents were recovering themselves or were solely affected by someone else's problems did not appear to affect results to the Locus Of Control scale over time (Figure 54). The trend that emerged in the aggregate appears to hold when this question is analyzed by type of problem. That is, there was a significant increase in appropriate locus of control from the point of entry to exit, and an equally significant decrease from exit from the program to six months following exit.

Comparing results at Times One and Two across the study groups, respondents who were recovering reflected a mean score on this scale of 35.76 (sd=5.2) at Time One and 40.21 (sd=3.9) at Time Two, while those affected by someone else's problems had

Figure 54 Scores On The Locus Of Control Scale: By Whether Clients Are Recovering



(N=33, 84. *Repeated Measures* were employed.)

a mean score of 34.95 (sd=5.4) at Time One and 37.76 (sd=5.2) at Time Two. This rate of change, regardless of study group, is considered statistically significant (Solely Affected: N=84; t=-5.82; df=83; p<.0001. Recovering: N=33, t=-4.98; df=32; p<.0001).

Comparing results on this scale at Times Two and Three, clients who were themselves recovering had mean scores of 36.97 (sd=2.8) at Time Three (compared with 40.21 at Time Two), while those who were solely affected had mean scores of 34.94 (sd=5.4) at Time Three (compared with 37.76 at Time Two). The ***reduction*** in appropriate locus of control for these respondents, regardless of group, were equally statistically significant (Solely Affected: N=84; t=5.64; df=83; p<.0001. Recovering: N=33; t=5.63; df=32; p<.0001).

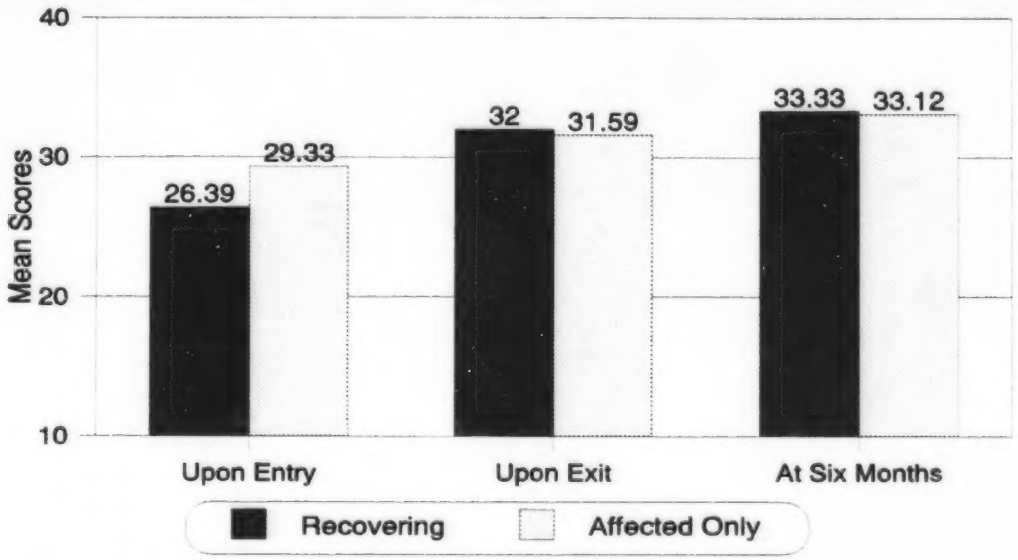
When mean scores were compared between Times One and Three, there was no significant growth with respect to locus of control over this longer term for respondents in either study group. This finding was somewhat more definitive with respect to those who were solely affected. For this group, the mean score on this scale was 34.95 at Time One and 34.94 at Time Three, reflecting virtually no change over this longer term (N=84; t=0.02; df=83; p=.982). When it came to respondents who were also recovering themselves, the mean score at Time One was 35.76 compared with 36.97 at Time Three (N=33; t=-1.41; df=32; p=.17).

3.3) Self-Esteem Measures:

Respondents' self-esteem provided some variations in change, over time, when these

study groups were taken into account (Figure 55). First, those who were recovering themselves had less self-esteem upon entering the program (Time One) than did those who were solely affected by someone else's problem. The mean response for the former group, upon entering the program, was 26.39 (sd=8.3), while that of the latter group was 29.33 (sd=7.4). These differences are of ***borderline significance*** only (N=116; t=1.78; df=53.3; p=.08). Results to this scale equalize between the two groups at Times Two and Three.

Figure 55 Scores On The Self-Esteem Scale: By Whether Clients Are Recovering



(N=33, 83. *Repeated Measures* were employed.)

Rates of change between the two study groups, in terms of their self-esteem, at Times One and Two, are equally significant, indicating no variation in this respect based on respondents' problems. Clients who were recovering themselves had a mean score of 26.39 (sd=8.3) at Time One and 32.0 (sd=5.9) at Time Two. This variation in scores is considered statistically significant (N=33; t=-5.03; df=32; p<.0001). Clients who were solely affected by someone else's problem had mean scores of 29.32 (sd=7.4) at Time One compared with a mean score of 31.59 (sd=5.9) at Time Two. These variations are also considered statistically significant (N=83; t=-3.60; df=82; p=.001).

While respondents who were solely affected by someone else's problem demonstrated a significant increase in self-esteem from the point of exiting the program (Time Two) to the point six months thereafter (Time Three) (N=83; t=-2.93; df=82; p=.004), this was ***not*** the case for respondents who were themselves recovering (N=33; t=-1.48; df=32; p=.147).

Regardless of the nature of their problems, all respondents reported equally significant

increases in their self-esteem from the point of entering the program, to the point six months following their departure from the program (Solely Affected: N=83; t=5.98; df=82; p<.0001. Recovering: N=33; t=-6.86; df=32; p<.0001).

CHAPTER FIVE
SUMMARY & CONCLUSIONS

I) REPRESENTATIVENESS OF THE STUDY SAMPLE:

Based on comparisons of study respondents and others who attended the Family Recovery and Family Awareness Programs, the study sample appears representative of the population as a whole, with respect to the following characteristics: gender, age, marital status, living arrangements, educational attainment, employment status, job stability, the impact of chemical or gambling problems on their employment, and the presence of others in the home with these problems.

II) STUDY RESULTS - SATISFACTION MEASURES:

2.1) Waiting Periods To See A Counsellor:

Over three-quarters of all respondents reported seeing a counsellor within two weeks of first contacting the AFM. Of these, 7.4% saw a counsellor that same day, while 48.3% saw a counsellor within that week. Results were fairly similar regardless of the program respondents attended. Based on staff feedback,[18] clients are given the opportunity to see a counsellor within a week of their first contact. Staff felt that some clients do not take advantage of this offer based on their work schedules or childcare needs. According to staff, some clients also choose to defer their first direct contact with the AFM until the next group was beginning.

2.2) How Clients Managed During The Waiting Period:

Over ninety percent of all respondents reported managing at least 'okay' during their respective waiting periods. Of these, 30.9% reported managing 'very well.' Of the remainder, 6.4% stated they did not manage very well during this interim period, and 1.7% reported managing 'poorly.' When these data were analyzed by program, there was little related variation in responses.

However, when these data were analyzed by waiting period, some significant variations did emerge. The longer the waiting period, the more likely respondents were to report doing only 'okay.' The benchmark for variation appeared to arise once respondents had to wait three or more weeks to see a counsellor. Only 12.5% of these respondents reported doing 'very well' during the 22 or more days they waited to see a counsellor, while 78.1% reported doing 'okay, but not great.' However, there were a couple of respondents who had seen a counsellor the same day they first approached the AFM who also reported doing 'not very well' or 'poorly' during this short waiting period.

Associated Comments:[19]

When respondents reported either not doing very well or doing poorly during their

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[18] As a stage in the finalization of this report, study findings were reviewed with the primary and secondary facilitators of these two programs. Findings and interpretations were explored to ensure the accuracy of program descriptions and group processes.

[19] The comments cited in this chapter reflect a sampling of the verbatim comments provided throughout this report. They are only meant to illustrate the points being summarized.

waiting periods, they described four reasons for this. This included their ***personal states of mind*** (i.e. feeling anxious, worried, depressed, isolated); respondents who were experiencing what they felt were ***crises*** during this period (i.e. family separations, terminating relationships, suicide attempts of family members); and issues regarding ***family members' addiction*** (i.e. continuing usage by spouse or child). The fourth theme related to ***telephone contact*** between respondents and either the AFM counsellor, or a crisis line worker during this waiting period.

2.3) Respondents Learned To Recognize Problems:

A primary aim of AFM's Family Services is that clients become aware of addictions and its effect on the family. A second objective is that clients will understand the dynamics of families affected by addiction. Almost all respondents reported that they learned to recognize problems both in themselves and someone else. Just under sixty percent of these respondents, in the aggregate, reported that this learning 'very much' took place, while another 32.2% reported that it 'somewhat' occurred.

Respondents who attended the Evening Program were somewhat more likely than the other respondents to report 'very much' learning to recognize problems in themselves or someone else (67.4% compared with 53.5%, respectively). However, by adding to this the percentage of respondents who had 'somewhat' learned to recognize these problems, there was very little variation in response across these two programs.

Associated Comments:

Comments associated with this question were divided into five themes. This included those who felt they ***already knew about chemical dependency*** (i.e. I was aware of a dependency problem before the program, I already knew I had a problem); those who reported ***experiencing increased awareness*** through the program (i.e. problem became more clear, program expanded on what the problem was); respondents who ***recognized problems in themselves*** (i.e. I use smoking to avoid feelings, I am more abusive than I first thought, program helped me to focus); respondents who ***recognized problems in someone else*** (i.e. program made me aware of spouse's intense behaviour, I realized my husband was a workaholic); and respondents who reported ***learning new behaviours*** (i.e. I learned to express my sadness, learned not to react to my husband's behaviour, learned to get support for myself).

2.4) Respondents Learned New Ways To Cope:

Virtually all respondents (98.3%) reported learning 'at least one new way' to cope with their problems through the program, while 86.8% reported learning 'several new ways' to cope. There was very little variation in responses by program.

Associated Comments:

Through their comments, respondents cited three specific areas in which new coping skills were developed. These included respondents who reported learning ***new coping tools and life-skills*** (i.e. process was highly instructive, I learned how important self-care is to me, I am more conscious of both my behaviour and healthier approaches to problems); those who reported ***recognizing and dealing with their feelings*** (i.e. being aware of what is happening with me and my family helps a lot, check-in with my feelings daily, it is okay to be angry, I have learned how to feel); and respondents who

reported ***sorting-out their responsibility issues*** (i.e. I am not responsible for the addict, I can't fix other people, establishing house rules). Eight respondents also provided ***other examples of learning*** that took place for them (i.e. more self-acceptance, gaining confidence, aware of community resources, the importance of putting learning into practice).

2.5) Respondents Had Made Changes To Their Lives:

Over two-thirds of these respondents had reported making changes in their lives, as a direct result of their participation in the Family Program. Thirty-six percent of all respondents reported increased intimacy with their spouse or partner, 15.7% reported reconciliation, and 7.8% reported separating from their spouse or partner. Almost two thirds of all respondents reported some other type of change. These included an improved state of mind, improved relationships with other family members or friends, and a major change in their lives, such as moving toward separation, starting couples therapy, or the addicted partner seeking treatment.

2.6) Life Changes Were Positive:

Virtually all respondents (96.9%) reported that the life-changes referred to above were at least 'somewhat positive.' Fifty percent of all respondents reported these changes were 'very positive.' These responses did not vary significantly by program.

2.7) Respondents Generally Found Program Activities & Attributes Helpful:

Respondents were presented with a list of ten activities subsumed by the Family Program or attributes of the program or facility. They were asked to evaluate how helpful they felt each of these was to their own situations. There were five activities that respondents, on average, found to be quite helpful (i.e. an average score of 3.5 or higher, out of 4.0). These included:

- Lectures and/or input
- Large group sessions
- The environment at AFM
- The initial meeting with the counsellor
- Video tapes

The remaining five activities were felt to be at least somewhat helpful, on average, by respondents. These included:

- Work on individual goals
- Small group sessions
- Informal conversations with other clients
- Guided imagery
- Time alone for thought

With two exceptions, there was no significant variation in these responses based on the program respondents attended. The exceptions are as follows:

- Respondents who attended the Evening Program found the ***Video Tapes*** to be significantly more helpful than did those who attended the Day Program

- Respondents who attended the Day Program found the sessions on ***Guided Imagery and Reflection Exercises*** significantly more helpful than did those who had attended the Evening Program.

2.8) Respondents Provided Very Positive Evaluations Of Program Facilitators' Attributes And Abilities:

Respondents were asked to evaluate the primary and secondary program facilitators, with respect to eight abilities or attributes. These included:

- The facilitators treating respondents with respect
- The facilitators treating them honestly and openly
- The facilitators treating them courteously
- The facilitators maintaining clients' confidentiality
- The facilitators appearing well-prepared
- The facilitators understanding their issues and needs
- The facilitators appearing to be responsive to their needs
- The facilitators appearing knowledgeable about their areas of concern.

In almost all instances respondents felt that both the primary and secondary facilitators 'very much' possessed the abilities and attributes noted above. Average scores for these factors ranged from 3.8 to 4.0 on a four-point scale.

2.9) Respondents Identified Several Recommended Changes To The Program:

Of the 181 respondents who commented on the current completeness of the Family Day and Evening Programs, 49 (34.8%) reported that ***no changes were required*** (i.e. program was enough, program covers a lot more than I expected).

Thirty-six respondents commented that the ***program should be longer or broader*** (i.e. add more weeks, expand program to 8 to 10 weeks, offer individual counselling). Another 56 respondents provided suggestions related to ***process issues*** (i.e. more time in small groups, more open discussions following lectures, discussions regarding handouts, less time spent in check-ins, more care in who is allowed into groups, add a check-out process for clients to share how they are feeling at the end of a group session, add follow-up processes for former clients, provide a bibliography of recommended reading materials).

Eighty-one respondents provided comments related to ***program content*** (i.e. more discussion regarding indicators of addiction, how to deal with others not involved in their own recovery, anger management skills, how to live in the present and not dwell in the past, provide references to resources for self-care).

2.10) Respondents Reported Gaining From Their Participation In The Family Program:

Respondents were asked what they felt they had gained through their participation in the Family Program. The largest percentage of respondents, in the aggregate (68.8%) reported that they had ***gained insight, greater understanding and/or personal growth*** (i.e. regained my self respect, gained much insight and awareness, gained self-esteem, gained a good sense of my strength, developed a new awareness about feelings - that it is okay to have them).

About six percent of all respondents also indicated they had ***gained new knowledge and/or information*** (i.e. I gained a lot of understanding about living with an addiction). Another five percent of these respondents reported ***gaining value from the group experience*** (i.e. it helped to meet others with similar problems to my own, I am not Alone, learned that some people are better off than me and some are worse off). Finally just over seventeen percent of all respondents reported ***multiple gains*** from the program (i.e. I gained confidence and new friends, I gained knowledge and the sense that I was not alone, I gained a sense of worthiness and humility and progress in my current recovery).

2.11) All Respondents Reported Being Satisfied With The Program:

One hundred percent of these respondents reported being somewhat or very satisfied with the AFM's Family Program. Eighty percent reported being very satisfied in this respect. These responses did not vary significantly by program.

In their accompanying comments, 193 respondents talked about three areas in which they felt positively about their experiences at the AFM. The largest number of respondents (87) talked about their ***personal growth through the program*** (i.e. bonding with group members was strong, this program helped me take responsibility for myself and my feelings, program gave me a lot of hope, program helped me find myself).

Sixty-five respondents commented on ***staff attributes and the quality of the Family Program*** (i.e. facilitators and group provided a safe place to grieve, vent learn and grow; excellent resource; wonderful facilitators who helped to create a warm, accepting and challenging place to be; it exceeded all my expectations).

Thirty-four respondents ***left the program feeling that they wanted more*** (i.e. I only wish the program were longer, I wish it were longer than 8 weeks, I feel I would have benefitted from a longer program).

Areas Of Concern:

Four respondents shared their concerns, or what they saw as a limitation of the program. These included:

- Introducing more specific models and tools into the program.
- Using only one facilitator in group, as one respondent found the use of two facilitators 'intimidating.'

- One respondent's perception that no new learning took place; that the material upon which 'lectures' was based was largely available through books.
- One respondent who felt she did not get as much out of the program due to her hearing impairment.

2.12) Respondents Report Very Positive Future Intentions Regarding The AFM:

Respondents' future intentions are a key measure of success, as far as satisfaction evaluations are concerned. Two questions were asked in this respect: would respondents use the AFM again if a similar problem arose for them; and would respondents recommend the AFM to a friend or relative with a problems similar to their own.

Virtually all respondents (99.2%) reported they would use the AFM again if a similar problem arose for them in the future. Of these, 81.5% reported they would definitely use the AFM again. There were no variations in these responses by program.

Similarly, 98.7% of all respondents reported they would recommend the AFM to a friend or relative, if they were experiencing problems similar to their own. Of these, 91.0% reported that they would definitely do so. Once again, no variations by program emerged in these findings.

Reasons For Not Recommending The Program:

Six respondents expanded on why they would not recommend the AFM to someone else. Two of these felt that the Family Program was not geared to their needs or learning styles. One respondent felt that a one-to-one program would have been more helpful. The last three respondents felt that they should only make a recommendation if the person in need was receptive to this, or if they had a similar problem to their own.

2.13) Suggested Changes:

Respondents were invited to provide suggestions for ways to improve the Family Program. One hundred and eight respondent provided suggestions. Specific recommendations were offered by fifty of these respondents. These fell under one of two categories: changing group size and program scope, and changing program processes.

i) Suggested Changes To Group Size And Program Scope:

Examples of the range of responses under this heading included:

- Keep groups small;
- Extend the program;
- Current program was 'exhausting';
- Feedback at the end of sessions would be helpful; and
- Expand service to include actual family in a roleplaying situation.

ii) Suggested Changes To Process:

Examples of responses regarding process issues include:

- Provide the 'Day Program' in the evenings to broaden availability;
- Reduce time spent in Check-In. It takes too long;
- Maintain the 'song and dance' as it is found to be very helpful;
- Provide a closing process for group;
- Provide a review of materials or processes covered;
- Increase space available for group. Room felt 'crowded and closed'; and
- Increase one-to-one time with counsellors.

2.14) Final Comments:

Many respondents provided final comments in the questionnaire. These fell within one of two categories:

- Respondents providing ***general comments or observations*** regarding the program (i.e. the program gave me strength, the program was supportive and helpful, the program was delivered within a safe and caring environment, and the AFM helped the client 'sober up').

- Respondents ***saying thank you and good bye*** (i.e. keep up the good work, this is the best thing I have done for myself, you provide a terrific service, it has been a wonderful experience for me).

III) STUDY RESULTS - OUTCOME MEASURES:

3.1) Results By Program:

There were four outcome measures employed in this evaluation:

- Whether respondents demonstrated reduced depression following the program,
- Whether respondents provided indications of increased self-esteem,
- Whether respondents gave indications of healthier locus of control following the program, and
- The extent to which respondents reported increased confidence in their relationships, and with their self-images and lifestyles.

In general, respondents to the Day and Evening Family Programs entered the programs with relatively low levels of ***depression*** and relatively high levels of ***self-esteem***. However there was still significant improvement with respect to both their levels of relative depression and self-esteem. Programmatically-speaking, respondents from the Family Evening Program tended to record lower levels of depression, and higher levels of self-esteem than did their counterparts in the Family Day Program. This is

considered appropriate, given that the Evening Program is more educational in nature, while the Day Program is more rehabilitative. However, respondents from both programs provided indications of significant improvements regarding both depression and self-esteem.

When it came to ***locus of control*** respondents, in the aggregate, were at approximately the 66th percentile at Time One, indicating fairly appropriate perceptions of their role vis-a-vis that of their significant others. There was a significant increase in the extent to which this occurred, when findings at Time One and Time Two were compared. However, there was a similarly significant ***reduction*** in this respect when findings at Time Two and Three were compared. There was virtually no change in locus of control through a comparison of Time One and Time Three findings. This may be indicative of an area to focus on as part of a follow-up or aftercare process. There were no significant variations in these results based on respondents' program.

In terms of respondents' ***levels of confidence***, respondents started out only 'somewhat confident' with respect to many of their relationships and with their self-image and life-styles. In the aggregate there were at least moderate gains made in respondents levels of confidence with their relationships, self-image and lifestyle, in terms of changes from the point of entry (Time One) to six months following their departure from the program (Time Three). However, there were only a few life areas about which respondents were fairly confident[20] at Time Three. This included: their relationships with their children; their relationships with a Higher Power; and their relationships with friends.

3.2) Results By Type Of Problems:

This analysis was duplicated with respect to whether clients of the Family Program were also recovering themselves, or if they were solely affected by the alcohol, other drug and/or gambling problems of someone else. Results of this analysis were somewhat mixed.

In terms of ***depression measures***, respondents who were solely affected by someone else's problem demonstrated significant decreases in the indicators of depression from Times One to Two, and borderline significant decreases from Times Two to Three. In terms of those who were themselves recovering, there were borderline decreases in depression indicated from Times One to Two, but no significant decrease from Times Two to Three. However, this finding, in terms of the latter group, may be the result of broader dispersion of the scores around the mean (standard deviation) than was found for the former group. Both groups equally reduced their indicators of depression when mean scores taken at Times One and Three were compared, indicating that in the longer term the types of problems respondents experienced did not appear to effect this outcome.

In terms of ***Locus of Control***, respondents' problems did not appear to affect this area of analysis. This finding holds with respect to comparisons made, between study groups, from Times One to Two, Times Two to Three, and Times One to Three.

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[20] This would relate to any item for which there was a mean score of 2.5 or higher out of 3.0.

In terms of respondents' ***self-esteem***, those who were also recovering had lower self-esteem upon entering the program than did those solely affected by someone else. Rates of self-esteem were relatively similar for all respondents at Times Two and Three, regardless of the nature of their problems. Type of problem did not overly affect the levels of increased self-esteem, from Times One and Two, across these two study groups. However, while respondents who were solely affected by someone else's problems continued to demonstrate increased self-esteem from the point of exiting the program (Time Two) to six months thereafter (Time Three), this was not true of those who were themselves recovering. As with other measures, comparing scale results from Times One to Three demonstrated similarly significant increases of self-esteem across both study groups.

APPENDIX ONE

THE EVALUATION QUESTIONNAIRES & FORMS USED IN THIS EVALUATION

INTAKE FORM [Family & Gambling Programs]
[Part One: Completed by the Client]

ADDICTIONS FOUNDATION OF MANITOBA

OFFICE USE ONLY

1) CLIENT CODE:
First 2 letters of last name,
First letter of first name,
DOB: dd/mm/yy]

2) FILE NUMBER

3) TODAY'S DATE
DD MM YY

4) AFM REGION
- ○ Winnipeg
- ○ Western
- ○ Northern

5) PROG. CODE

6) AFM OFFC. CODE

7) Staff Person Completing Intake: _____

8) Employee Number

CLIENTS PLEASE START HERE

How to fill in circles...	Correct ●	Incorrect ✓	Incorrect ○	Black Ink Please!

9) Do you have difficulty reading or writing English? ○ Yes ○ No

10) Do you need help from a counsellor to complete this form? ○ Yes ○ No

11) What is your MB HEALTH NUMBER?
[The 9 digit number please]

OR

11.1) HEALTH JURISDICTION
[If other than Manitoba]
- ○ British Columbia
- ○ Alberta
- ○ Saskatchewan
- ○ Ontario
- ○ Other _____

11.2) Prov. Hlth No._____

54090

12) First Name: _____ Middle Name: _____

Last Name: _____ 13) Gender? ○ Male ○ Female

14) Permanent address? _____

_____ City, Province _____

Home Phone _____ 14.1) Postal Code ☐☐☐ ☐☐☐

Work Phone _____

15) Where are you staying, if different from above: _____

Contact _____ Telephone _____

16) What are your current living arrangements?

- ○ Own Residence(House,Condo)
- ○ Rent Residence
- ○ Live with Parents
- ○ Live with Relative/Friend
- ○ Hostel/Halfway House/Hotel
- ○ Room and Board
- ○ Institution(Jail,Hospital)
- ○ No Fixed Address
- ○ Other : _____

17) Number of residences in the past 12 months :

○ One ○ Two ○ Three ○ Four ○ Five and Over

18) What is your date of birth? _____ [DD/MM/YY] 19) Your age? ☐☐

20) What is your First Language?

- ○ English
- ○ French
- ○ First Nation Language
- ○ Other: _____

0	○	○
1	○	○
2	○	○
3	○	○
4	○	○
5	○	○
6	○	○
7	○	○
8	○	○
9	○	○

21) Are you a person of Aboriginal Ancestry?

- ○ Yes
- ○ No ==> **[Go To Question 22]**

21.1) Are you a: ○ Status Indian ○ Non-status Indian ○ Metis

21.2) Treaty Number: _____ Band Name: _____

PRESENTING CIRCUMSTANCES OF REFERRAL

22) What circumstance brought you here?

_____

_____

_____

_____

_____

_____

54090

23) Who referred you to the AFM?

- ○ Self-referred
- ○ Family Member
- ○ Employer
- ○ AFM (Other Program/Region)
- ○ Child and Family Services
- ○ Mental Health
- ○ Employee Assistance Program
- ○ Probation/Parole/Lawyer
- ○ Clergy
- ○ Comm. Med. Centre
- ○ Social Assistance/Welfare
- ○ NNADAP
- ○ Self-Help Group
- ○ Hospital
- ○ School
- ○ Division of Driver Vehicle Licensing
- ○ Other : _____

24) Please indicate referral name, address and telephone number, if applicable.

Agency/Organization: _____

Contact Name: _____ Telephone Number: _____

Address/Postal Code: _____

FAMILY HISTORY

25) What is your Marital Status?

- ○ Married/Common Law
- ○ Separated
- ○ Divorced
- ○ Widowed
- ○ Never Married
- ○ Other : _____

26) What is the length of your current marriage/common law relationship?

- ○ Never married or in common-law relationship
- ○ 1 Year and Less
- ○ 2-3 Years
- ○ 4-5 Years
- ○ 6-7 Years
- ○ 8-9 Years
- ○ 10-15 Years
- ○ 16-20 Years
- ○ 21-25 Years
- ○ Over 25 Years

27) What is the number of marriages/commonlaw relationships you have had including the current one?

- ○ None
- ○ One
- ○ Two
- ○ Three
- ○ Four
- ○ Five or More

28) How many children do you have?

- ○ None
- ○ One
- ○ Two
- ○ Three
- ○ Four
- ○ Five
- ○ Six
- ○ Seven
- ○ Eight
- ○ Nine
- ○ Ten
- ○ Eleven or More

29) How many children live with you?

- ○ None
- ○ One
- ○ Two
- ○ Three
- ○ Four
- ○ Five
- ○ Six
- ○ Seven
- ○ Eight
- ○ Nine
- ○ Ten
- ○ Eleven or More

30) Has alcohol, other drug use or gambling ever caused problems with your parenting?

○ Yes ○ No ○ Not Applicable [ie. no children]

Please describe: _____

_____

_____

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FAMILY BACKGROUND

31) When you were growing up did someone in your family have an alcohol, drug or gambling [eg. VLTs/slots, bingo, Lotto] or other addictions problem?

○ Yes ○ No **==>[Go To Question 32]**

31.1) If 'Yes,' which type of problem? [Please indicate **ALL** that apply.]

○ Alcohol ○ Other Drugs ○ Gambling ○ Other:_____

31.2) If "Yes," who had this problem? (Please check ALL that apply)

○ Mother/Female Guardian
○ Father/Male Guardian
○ Brother/Sister
○ Other relative who was living with you
○ Other relative who was NOT living with you
○ Other _____

32) Does anyone in your family have a Current Problem with Alcohol, other drugs, or gambling? ○ Yes ○ No **==>[Go To Question 33]**

32.1) If "Yes," Who ?	Yes	→	Alcohol Problem?	Drug Problem?	Gambling Problem?	Other Problem?
Spouse/Partner	○		○	○	○	○
Your Mother	○		○	○	○	○
Your Father	○		○	○	○	○
Brother(s)/Sister(s)	○		○	○	○	○
Your Child[ren]	○		○	○	○	○
Other :	○		○	○	○	○

EDUCATIONAL PROFILE

33) Which ONE of the following best describes your highest education level?

○ Less Than Grade 9
○ Incompete High School
○ Complete High School
○ Incomplete Community College/Technical School
○ Complete Community College/Technical School
○ Incomplete Undergraduate Degree [University]
○ Complete Undergraduate Degree [University]
○ Graduate Degree
○ Other : _____

EMPLOYMENT HISTORY

34) What is your current employment status?

○ Employed Full Time
○ Employed Part Time
○ Unemployed (Looking for Work)
○ Unemployed (Not Looking)
○ Homemaker
○ Student
○ Retired
○ Other : _____

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34.1) If you are employed, is this seasonal employment? ○ Yes ○ No

35) Which ONE of the following most closely describes your usual occupation?

- ○ Managerial/Administrative
- ○ Teaching/Related Occupations
- ○ Social Services/Religious
- ○ Technological/Computer
- ○ Construction Trade Occupation
- ○ Artistic/Related Occupations
- ○ Occupation in Medicine/Health
- ○ Clerical/Related Occupations
- ○ Sales Occupations
- ○ Farming/Fishing/Mining/Forestry/Hunting/Trapping
- ○ Processing Occupations
- ○ Machine/Product Fabricating/Repair
- ○ Transport Equipment Operation
- ○ Service Occupations
- ○ General Labour
- ○ Not Applicable
- ○ Other : _____

36) How many Jobs have you had in the past 5 years?

○ One ○ Two ○ Three ○ Four ○ Five and Over

37) Has ***your*** alcohol use, other drug use or gambling ever caused problems with your employment? ○ Yes ○ No

37.1) If "Yes," what problems did it cause? [Please indicate ALL that apply.]

○ Missed work ○ Performance at work ○ Discipline ○ Job termination ○ Other _____

38) Has ***someone else's*** alcohol use, other drug use or gambling ever caused problems with your employment? ○ Yes ○ No

38.1) If "Yes," what problems did it cause? [Please indicate ALL that apply.]

○ Missed work ○ Performance at work ○ Discipline ○ Job termination ○ Other _____

FINANCIAL INFORMATION

39) Which ONE of the following describes your HOUSEHOLD INCOME? [Includes income from all sources.]

- ○ Less Than $10,000
- ○ $10,000 - $14,999
- ○ $15,000 - $19,999
- ○ $20,000 - $24,999
- ○ $25,000 - $29,999
- ○ $30,000 - $34,999
- ○ $35,000 - $39,999
- ○ $40,000 - $49,999
- ○ $50,000 - $75,000
- ○ Greater Than $75,000
- ○ Don't Know
- ○ Declined

40) How many people, aside from yourself, are dependent upon you for financial support?

- ○ None
- ○ One
- ○ Two
- ○ Three
- ○ Four
- ○ Five
- ○ Six
- ○ Seven
- ○ Eight
- ○ Nine
- ○ Ten
- ○ Eleven
- ○ Twelve
- ○ Thirteen or More

41) Has ***your*** alcohol use, other drug use or gambling ever caused any financial problems?

○ Yes ○ No

42) Has ***someone else's*** alcohol use, other drug use or gambling ever caused any financial problems? ○ Yes ○ No

42.1) If "Yes" to either 50 or 51, please explain: _____

_____

_____

CHEMICAL USE

43) Do you ever use alcohol or other drugs? ○ Yes ○ No **==>[Go To Question 48]**

44) Have you ever felt the need to cut down on your drinking or drug use? ○ Yes ○ No

45) Have you ever felt annoyed by criticisms of your drinking or drug use? ○ Yes ○ No

46) Have you ever had guilty feelings about your drinking or drug use? ○ Yes ○ No

47) Have you ever had a morning 'eye opener?' ○ Yes ○ No

GAMBLING PATTERNS

48) Do you ever Gamble? [eg. Bingo, VLTs, lotto, etc.] ○ Yes ○ No **==>[Go To Question 54]**

49) Have you ever felt the need to cut down on your gambling? ○ Yes ○ No

50) Have you ever felt annoyed by criticism of your gambling practices? ○ Yes ○ No

51) Have you ever had guilty feelings about your gambling? ○ Yes ○ No

52) Have you ever borrowed money from friends, family member of from work to help finance your gambling? ○ Yes ○ No

53) Have you ever gambled more than you intended? ○ Yes ○ No

54) Have you ever attended a treatment program for:

Alcohol Problems? ○ Yes ○ No

Other Drug Problems? ○ Yes ○ No

Gambling Problems? ○ Yes ○ No

SMOKING HISTORY

55) Do you use tobacco? ○ Yes ○ No **==> [Go To Question 56]**

55.1) How many cigarettes, on average, do you smoke per day?

○ None, I don't smoke cigarettes
○ 1 - 5 Cigarettes
○ 6 - 10 Cigarettes
○ 11 - 15 Cigarettes
○ 16 - 20 Cigarettes
○ 21-39 Cigarettes
○ 40 or More Cigarettes

SELF-HELP GROUPS

56) Have you ever attended a self-help group? ○ Yes ○ No **==>[Go To Question 57]**

56.1) Please specify:

Problem Areas	Ever Attended	Now Attend	Name of Group[s]
Alcohol	○	○	
Other Drugs	○	○	
Gambling	○	○	
Other	○	○	

LEGAL HISTORY

57) Have you ever been involved in the court system? ○ Yes ○ No **==>[Please stop here]**

57.1) Are you currently involved in the court system? ○ Yes ○ No

57.2) If 'Yes' to either question, please describe the nature of that involvement, indicating ALL responses that apply.

- ○ Divorce
- ○ Child Custody
- ○ Child and Family Services Hearing
- ○ Assault [as victim]
- ○ Assault [as perpetrator]
- ○ Restraining Order
- ○ Bankruptcy
- ○ Driving While Impaired
- ○ Shop-lifting
- ○ Fraud
- ○ Theft
- ○ Other_____

57.3) Were alcohol or other drugs an issue regarding any of the above? ○ Yes ○ No

57.4) Was gambling an issue regarding any of the above? ○ Yes ○ No

CONSENT TO PARTICIPATE IN A PROGRAM EVALUATION

Occasionally the AFM evaluates its services. This allow us to ensure that we provide the most effective and relevant services possible. We would appreciate your consent to participate in an evaluation. Not all clients who consent will be involved in an evaluation. Whether or not you agree to participate will have no effect on the services you receive. Your participation is completely voluntary and can be withdrawn at any time. If you agree to participate, and an evaluation is ongoing, you may be contacted some time following completion of your program. If you would like more information, please talk to your counsellor or contact the AFM's Coordinator of Research and Information Systems. All responses given by you will be completely confidential. You will not be identified through any reports.

○ **I AGREE to participate in an evaluation of AFM services should the opportunity arise**

○ **I Do NOT AGREE to participate in an evaluation of AFM services**

_____ _____ _____

Client's Name Client's Signature

This ends the first part of the intake process. The second part is completed with your counsellor. Thank you.

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OFFICE USE ONLY

58) Client's PRIMARY presenting problem

- ○ Alcohol problem only
- ○ Other drug problem only
- ○ Alcohol AND other drug problem
- ○ Affected person (CD issues only)
- ○ Gambling problem only
- ○ Gambling AND chemical problems
- ○ Affected person (gambling issues only)
- ○ Affected person (CD AND gambling issues)
- ○ Other: _____

59) Action Plan:

- ○ No further action
- ○ Referred to AFM program
- ○ Referred to external agency/program
- ○ Other

60) Referral to AFM Office (code) □□

A	○	○	
B	○	○	
C	○	○	
D	○	○	
E	○	○	
F	○	○	
G	○	○	
H	○	○	
I	○	○	
J	○	○	
K	○	○	
L	○	○	
M	○	○	
N	○	○	
O	○	○	
P	○	○	
Q	○	○	
R	○	○	
S	○	○	
T	○	○	
U	○	○	
V	○	○	
W	○	○	
X	○	○	
Y	○	○	
Z	○	○	

61) Referral to AFM Program (code) □□□

0	○	○	○
1	○	○	○
2	○	○	○
3	○	○	○
4	○	○	○
5	○	○	○
6	○	○	○
7	○	○	○
8	○	○	○
9	○	○	○

62) Referral to **External Agency/ Program** (code) □□□

0	○	○	○
1	○	○	○
2	○	○	○
3	○	○	○
4	○	○	○
5	○	○	○
6	○	○	○
7	○	○	○
8	○	○	○
9	○	○	○

Staff Signature: _____

Date Completed: _____

COUNSELLOR'S NOTES

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FAMILY SERVICES ASSESSMENT FORM

OFFICE USE ONLY

1) CLIENT CODE:
First 2 letters of last name,
First letter of first name,
DOB: dd/mm/yy]

2) FILE NUMBER

3) TODAY'S DATE
DD MM YY

4) AFM REGION
- ○ Winnipeg
- ○ Western
- ○ Northern

5) PROG. CODE

6) AFM OFFC CODE.

7) Staff Person Completing Intake: _____

8) Employee Number

CLIENTS PLEASE START HERE

How to fill in circles...	Correct ●	Incorrect ✓	Incorrect ✗	Black Ink Please!

9) CLIENT'S NAME: _____

10) Which community resources have you ever used, and which are you now using?

COMMUNITY RESOURCES	EVER USED	NOW USE
Employee Assistance Program	○	○
Private Counsellor [Individual Counselling]	○	○
Private Counsellor [Family/Marital Counselling]	○	○
Financial Counsellor	○	○
Community Health Clinic	○	○
Crisis Intervention Services [eg. Klinic; Crisis Stabalization Unit; etc.]	○	○
Women's Shelter/Safehouse	○	○
Child and Family Services	○	○
Clergy	○	○
Private Psychologist/Psychiatrist	○	○
Bodywork/Therapeutic Massage	○	○
Other Resource:	○	○

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11) Have you ever attended any self-help groups? ○ Yes ○ No **==>[Go to question 13]**

12) Which of the following groups have you ever attended, which are you currently attending, and the frequency with which you currently attend, where appropriate?

	Do You Attend?		How often do you NOW attend?				
Self-Help Groups	Ever Attended	Attending Now	Daily	Weekly	Monthly	Less Than Monthly	Not At All
Alcoholics Anonymous	○	○	○	○	○	○	○
Narcotics Anonymous	○	○	○	○	○	○	○
Alanon	○	○	○	○	○	○	○
Alateen	○	○	○	○	○	○	○
Cocaine Anonymous	○	○	○	○	○	○	○
Families Anonymous	○	○	○	○	○	○	○
CODA	○	○	○	○	○	○	○
Emotions Anonymous	○	○	○	○	○	○	○
COSA	○	○	○	○	○	○	○
SA	○	○	○	○	○	○	○
Adult Children Anonymous	○	○	○	○	○	○	○
Gamblers Anonymous	○	○	○	○	○	○	○
Gamanon	○	○	○	○	○	○	○
Debtors Anonymous	○	○	○	○	○	○	○
Overeaters Anonymous	○	○	○	○	○	○	○
NarAnon	○	○	○	○	○	○	○
Other:	○	○	○	○	○	○	○

13) Do you have a **sponsor**? ○ Yes ○ No

14) When you were growing up, who was most responsible for raising you? [Please check **ONE** response only]

○ Biological Mother AND Father
○ Biological Mother Only
○ Biological Father Only
○ Biological Mother and Partner
○ Biological Father and Partner
○ Extended Family Only
○ Adoptive Parent[s]
○ Foster Parent[s]
○ Group Home
○ Other: _____

15) Have you ever been aware that someone in your family has an addiction?

○ Yes ○ No **==> [Go To Question 16]**

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15.1) If "Yes," which of the following people have ever had an addiction, and which currently have an addiction?

	Ever Had An Addiction	Has An Active Addiction
Spouse/Partner	○	○
Mother	○	○
Father	○	○
Sister/Brother	○	○
Child[ren]	○	○
Other family member [living with you]	○	○
Other family member [not living with you]	○	○
Other	○	○

16) How many brothers or sisters do you have?

○ None
○ One
○ Two
○ Three
○ Four
○ Five
○ Six
○ Seven
○ Eight
○ Nine
○ Ten or more

17) What is your BIRTH-ORDER in your family?

○ The Only Child in your family
○ The First Born in your family
○ A/the Middle Child in your family
○ The Youngest in your family

18) Were you part of a multiple-birth [eg. twins, triplets, etc.] ○ Yes ○ No

19) Please indicate where you are placed, in terms of Birth-Order, among your siblings. ***[If you are the only child in your family, please indicate '1st']***

○ N/A [I am an 'only child']
○ 1st
○ 2nd
○ 3rd
○ 4th
○ 5th
○ 6th
○ 7th
○ 8th
○ 9th
○ 10th
○ 11th
○ 12th
○ 13th
○ 14th+

20) How would you describe your childhood?

○ Very Secure	○ Somewhat Secure	○ Somewhat Insecure	○ Very Insecure

○ Very Happy	○ Somewhat Happy	○ Somewhat Unhappy	○ Very Unhappy

○ Very Safe	○ Somewhat Safe	○ Somewhat Unsafe	○ Very Unsafe

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21) Please indicate which of the following you experienced **as a child**, and which you have experienced **as an adult**.

	As A Child	As An Adult
Divorce/Separation	○	○
Loss of a job/Lay-off	N/A	○
Loss of a close friend	○	○
A chronic illness	○	○
A life-threatening illness [eg. cancer, heart attack, etc.]	○	○
Death of a parent	○	○
Death of a sibling	○	○
Death of a spouse/partner	N/A	○
Death of a child	N/A	○
Loss of child[ren]/Apprehension	N/A	○
Other:	○	○

22) Please indicate which of the following problems you have **ever experienced**, and which of these same problems you have experienced **during the past year.**

Health Problem	Ever Experienced	Past Year
Anaemia/Blood disorder	○	○
Arthritis/Rheumatism	○	○
Asthma	○	○
Bronchitis	○	○
Diabetes	○	○
Heart Problems	○	○
Back Problems	○	○
High Blood Pressure	○	○
Hypertension	○	○
Kidney Trouble	○	○
Chronic Fatigue Syndrome	○	○
Migraines/Headaches	○	○
Ulcer	○	○
HIV/AIDS	○	○
Fibromyalgia	○	○
Other :	○	○

23) Have you [or your spouse/partner] **ever been pregnant**? ○ Yes ○ No ○ N/A

23.1) If "Yes," what was the outcome of the pregnancy? ***[If you have had more than one pregnancy, please check ALL applicable responses.]***

- ○ Birth of the child[ren] and parented by yourself
- ○ Birth of the child[ren] and adopted
- ○ Birth of the child[ren] and adopted by other family members
- ○ Termination of pregnancy[ies]
- ○ Miscarriage[s]/Stillbirth[s]
- ○ Other:_____

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24) Have you/your partner ever been pregnant as the result of sexual assault or abuse?

○ Yes ○ No

25) How often, in general, do you experience conflict between yourself and each of the following people? **[If a response is not appropriate, please fill in 'N/A']**

	Never	Seldom	Sometimes	Fairly Often	Often	N/A
Partner/Spouse	○	○	○	○	○	○
Mother	○	○	○	○	○	○
Father	○	○	○	○	○	○
Child[ren]	○	○	○	○	○	○
Friend[s]	○	○	○	○	○	○
Neighbour[s]	○	○	○	○	○	○
Employer	○	○	○	○	○	○
Co-Worker[s]	○	○	○	○	○	○
Other[s]	○	○	○	○	○	○

26) Have you ever been: ○ **Physically Abused** ○ **Sexually Abused** ○ **Emotionally Abused** ○ **Verbally Abused**

27) If "Yes," by whom were you abused? [Please check ALL that apply.]

	Physical Abuse	Sexual Abuse	Emotional Abuse	Verbal Abuse
Spouse/Partner	○	○	○	○
Biological mother	○	○	○	○
Biological father	○	○	○	○
Sibling	○	○	○	○
Extended family member	○	○	○	○
Adoptive mother	○	○	○	○
Adoptive father	○	○	○	○
Foster mother	○	○	○	○
Foster father	○	○	○	○
Someone else known to you	○	○	○	○
A Stranger	○	○	○	○

27.1) Was it ever reported? ○ Yes ○ No

27.2) If it was reported, to whom was it reported? _____

28) Do **memories of past violence or abuse** affect your life today? ○ Yes ○ No

28.1) Do you find that you use alcohol, drugs and/or gambling to help you cope with the emotions accompanying these memories? ○ Yes ○ No ○ Not Applicable

28.2) Have you ever spoken to a counsellor about the violence or abuse in your life?

○ Yes ○ No ○ Not Applicable

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28.3) If you have spoken to a counsellor, please describe what is/was happening in your life that led you to your meeting with the counsellor. _____

_____

_____

29) Have you ever **witnessed any form of violence or abuse**? ○ Yes ○ No **=>[Go to Question 30]**

29.1) Do memories of past violence or abuse affect your life today? ○ Yes ○ No

29.2) Do you find that you use alcohol, drugs and/or gambling to help you cope with the emotions accompanying these memories? ○ Yes ○ No

29.3) Have you ever spoken to a counsellor about the violence or abuse you witnessed? ○ Yes ○ No

29.4) If you have spoken to a counsellor, please describe what is/was happening in your life that led you to your meeting with the counsellor.

_____

_____

_____

30) Are you currently involved in a violent or abusive relationship? ○ Yes ○ No

31) Have you recently left a violent or abusive relationship? ○ Yes ○ No

32) Are you concerned about your safety? ○ Yes ○ No **==>[Go to Question 33]**

32.1) If "Yes," whom do you feel threatens your safety? ***[Indicate ALL applicable responses.]***

- ○ Spouse/Partner
- ○ Mother
- ○ Father
- ○ Child[ren]
- ○ Other Family Member[s]: _____
- ○ Friend[s]/Neighbour[s]
- ○ Drug Dealer/Supplier
- ○ Pimp
- ○ Other[s]: _____

33) If you have children, are you concerned about their safety because of violence in the home?

○ Yes ○ No ○ Not Applicable [No children]

34) If you have children, have they ever witnessed violence or abuse?

○ Yes ○ No ○ Not Applicable [No children]

35) Do you have a Restraining Order or Peace Bond in place? ○ Yes ○ No

35.1) Please expand upon the circumstances leading to your getting a Restraining Order or Peace Bond, if applicable, and/or expand upon any of the information provided above.

_____

_____

36) Have you ever experienced **Anxiety/Panic Attacks**? ○ Yes ○ No **==>[Go to Question 37]**

36.1) Please describe the circumstances surrounding these attacks.

_____

_____

_____

36.2) Are you currently experiencing these attacks? [ie. during the past 30 days, have you had an anxiety/panic attack?] ○ Yes ○ No

36.3) Do these attacks usually occur when you are using alcohol, other drugs or gambling? ○ Yes ○ No

37) Have you ever thought about hurting yourself [but not necessarily about suicide]? ○ Yes ○ No **=>[Go to Question 38]**

37.1) Have you ever attempted to hurt yourself, without intending to commit suicide? ○ Yes ○ No

37.2) Have you ever actually hurt yourself, intentionally, without intending to commit suicide? ○ Yes ○ No

37.3) Please describe the circumstances surrounding any of these attempts or actions.

_____

_____

_____

38) Have you ever felt that life is not worth living? ○ Yes ○ No

39) Have you ever thought of suicide? ○ Yes ○ No **=> [Go To Question 40]**

39.1) Have you ever attempted suicide? ○ Yes ○ No **=> [Go To Question 40]**

39.2) Please descibe the circumstances leading to thoughts of suicide and/or suicide attempt..

_____

_____

_____

39.3) How many times have you attempted suicide?

○ One
○ Two
○ Three
○ Four
○ Five or More

39.4) How long since your last suicide attempt?

○ Less than 1 Year
○ 1-3 Years
○ 4-5 Years
○ 6-7 Years
○ 8-9 Years
○ 10 or More Years

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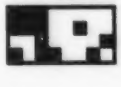

39.5) Were you under the influence of alcohol and/or drugs at the time of your last suicide attempt? ○ Yes ○ No

39.6) If "No," was the suicide attempt made within a few days after you consumed alcohol or other drugs? ○ Yes ○ No

39.7) How long before your last suicide attempt did you consume alcohol or other drugs?

○ Less Than 24 Hours
○ 1-3 Days
○ 4-6 Days
○ 7-10 Days
○ 11-15 Days
○ 16+ Days
○ N/A

40) Have you ever been prescribed medication for depression, anxiety/panic attacks, or related problems? ○ Yes ○ No

41) Which of the following substances are you now using or have you used, and how frequently . **[Please provide ONE RESPONSE per substance.]**

TYPE OF DRUG	Never Use	Daily/ Almost Daily	Mainly Weekends/ Days Off	Few Days/ Week	Few Days/ Month	Experiment Only/No longer use
Alcohol	○	○	○	○	○	○
Marijuana, hashish, hash oil	○	○	○	○	○	○
Cocaine/Crack	○	○	○	○	○	○
Stimulants [eg. diet pills, ritalin, speed]	○	○	○	○	○	○
LSD, PCP, STP, MDA, Angel Dust, Mescaline, Psilocybin, etc.	○	○	○	○	○	○
Ritalin	○	○	○	○	○	○
Pain killers [eg. Demoral, codeine]	○	○	○	○	○	○
Tranquilizers : (Valium, Librium, etc.)	○	○	○	○	○	○
Anti-depressants	○	○	○	○	○	○
Sleeping pills [prescription]	○	○	○	○	○	○
Sleeping pills [non-prescription]	○	○	○	○	○	○
Other :	○	○	○	○	○	○

Please list current medications you are taking: _____

_____

42) About how many casual friends or acquaintances do you have?

	□	□
0	○	○
1	○	○
2	○	○
3	○	○
4	○	○
5	○	○
6	○	○
7	○	○
8	○	○
9	○	○

43) About how many close friends do you have, who you can turn to in times of trouble?

	□	□
0	○	○
1	○	○
2	○	○
3	○	○
4	○	○
5	○	○
6	○	○
7	○	○
8	○	○
9	○	○

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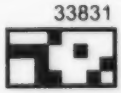


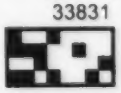
44) How often, do you undertake the following activities specifically in order to mood alter, deal with your problems or reduce stress? **[PLEASE ANSWER ALL QUESTIONS!]**

Activities	Daily	A Few Times Per Week	About Once A Week	A Few Times Per Month	About Once A Month	Less Than Monthly	Never
Exercising	○	○	○	○	○	○	○
Reading	○	○	○	○	○	○	○
Working	○	○	○	○	○	○	○
Just KeepingBusy	○	○	○	○	○	○	○
Eating	○	○	○	○	○	○	○
Smoking [Tobacco]	○	○	○	○	○	○	○
Drinking Alcohol	○	○	○	○	○	○	○
Using Drugs	○	○	○	○	○	○	○
Playing Bingo	○	○	○	○	○	○	○
Playing VLTs/Slots	○	○	○	○	○	○	○
Other Gambling	○	○	○	○	○	○	○
Sexual Activity	○	○	○	○	○	○	○
Going Shopping	○	○	○	○	○	○	○
Doing Housework	○	○	○	○	○	○	○
Watching Television	○	○	○	○	○	○	○
Computer/Video Games	○	○	○	○	○	○	○
Shop-Lifting	○	○	○	○	○	○	○
Other:	○	○	○	○	○	○	○

44.1) If you indicated that you EAT to mood alter or deal with your problems, how frequently have you done any of the following. ***[If you did not eat in order to mood alter, please go to question 46]***

Activities	Daily	A Few Times Per Week	About Once A Week	A Few Times Per Month	About Once A Month	Less Than Monthly	Never
Compulsive/Obsessive eating/ Binge eating	○	○	○	○	○	○	○
Binging and purging	○	○	○	○	○	○	○
Weight loss through diuretic use	○	○	○	○	○	○	○
Healthy food followed by purging	○	○	○	○	○	○	○
Restrictive eating/ dieting	○	○	○	○	○	○	○
Chronic/'Yo-Yo Diets [Fad diets]	○	○	○	○	○	○	○
Drug use as weight control	○	○	○	○	○	○	○
Other:	○	○	○	○	○	○	○

33831



45) Have you ever been treated for an eating disorder? ○ Yes ○ No

45.1) If you have been treated for an eating disorder, please describe the circumstances that led you to seek treatment, and the outcome of that treatment.

_____

_____

_____

[ALL MALE CLIENTS PLEASE PROCEED TO QUESTION 48]

46) Have you ever experienced symptoms of **Premenstrual Syndrome** [PMS]? ○ Yes ○ No	47) Have you ever experienced symptoms of **Menopause**? ○ Yes ○ No

48) If "Yes," which of the following symptoms of PMS have you ever experienced, and which are you experiencing now?

Symptoms	Ever Experienced	Now Experiencing
Mood swings	○	○
Depression	○	○
Increased anxiety	○	○
Alcohol cravings	○	○
Other	○	○

The remainder of this form includes a number of SCALES. It is important that you answer each item in each scale. Thank you!

49) To what degree do you feel that each of the following statements apply to you?

	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree
I am a person of worth, at least on an equal basis with others	○	○	○	○
I feel that I have a number of good qualities	○	○	○	○
All in all, I feel that I am a failure	○	○	○	○
I can do most things as well as most other people	○	○	○	○
I feel I do not have much to be proud of	○	○	○	○
I take a positive attitude toward myself	○	○	○	○
On the whole, I am satisfied with myself	○	○	○	○
I wish I could have more respect for myself	○	○	○	○
I feel useless at times	○	○	○	○
At times I think I am no good at all	○	○	○	○

49.1) Office. Use Only

□□

0 ○ ○
1 ○ ○
2 ○ ○
3 ○ ○
4 ○ ○
5 ○ ○
6 ○ ○
7 ○ ○
8 ○ ○
9 ○ ○

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50) Please indicate the degree to which you agree or disagree with the following statements.

	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree
Stressful working conditions, unhappy childhood experiences, and/or family pressures make people become addicted	○	○	○	○
I must behave so that I won't upset others in my family	○	○	○	○
I can make some personal changes that will improve the situation	○	○	○	○
People with addictions are people who lack willpower and determination	○	○	○	○
I can feel okay even if my significant other does not feel okay	○	○	○	○
An actively addicted person cannot be trusted to be responsible for him or herself	○	○	○	○
As much as I want to help, I realize that I cannot change someone else's behaviour	○	○	○	○
Family members cannot cause addicted people to engage in addictive behaviours	○	○	○	○
I know that there are other people who understand how I feel, and I can learn from them	○	○	○	○
It is my responsibility to devote my energies to helping loved ones solve their problems	○	○	○	○
The only way I can quit worrying is to know that my family member or friend is taking better care of him or herself	○	○	○	○
Participation in a self-help program, such as Al-Anon, ACA, CoDA, GamAnon, NarAnon, or FA, could be helpful to me	○	○	○	○

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51) Indicate the response corresponding to your current confidence for the areas listed below. ***[If a specific question does not apply to youplease indicate 'Not Applicable']***

How confident are you regarding...	Very Confident	Somewhat Confident	Not Confident At All	Not Applicable
Your relationship with your spouse or partner	○	○	○	○
Your relationship with your children	○	○	○	○
Your relationship with your mother	○	○	○	○
Your relationship with your father	○	○	○	○
Your relationship with other family members	○	○	○	○
Your relationship with a Higher Power	○	○	○	○
Your relationship with friends	○	○	○	○
Your own job/school performance	○	○	○	○
Your self-image	○	○	○	○
Your ability to handle problems	○	○	○	○
Your general enjoyment of life	○	○	○	○
Your exercise habits	○	○	○	○
Your sleeping patterns/habits	○	○	○	○
Your eating patterns/habits	○	○	○	○
Your ability to experience serenity and peace	○	○	○	○

52) Below are a number of statements people may use to describe themselves. Please read each statement and indicate how you ***generally feel*** by marking the appropriate box beside each statement.

	Almost Never	Some-times	Often	Almost Always
I have a fiery temper	○	○	○	○
I am quick-tempered	○	○	○	○
I am a hot-headed person	○	○	○	○
I get annoyed when I am singled out for correction	○	○	○	○
It makes me furious when I am criticized in front of others	○	○	○	○
I get angry when I am slowed down by others' mistakes	○	○	○	○
I feel infuriated when I do a good job and get a poor evaluation	○	○	○	○
I fly off the handle	○	○	○	○
I feel annoyed when I am not given recognition for doing good work	○	○	○	○
People who think they are always right irritate me	○	○	○	○
When I get mad I say nasty things	○	○	○	○
I feel irritated	○	○	○	○
I feel angry	○	○	○	○
When I get frustrated I feel like hitting someone	○	○	○	○
It makes my blood boil when I am pressured	○	○	○	○

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53) Using the scale below, please indicate which response best describes how often you felt or behaved this way during the **PAST WEEK.**

	Rarely/ None of the Time	Some/ Little of the Time	Occasionally/ a Moderate Amount of the Time	Most/All of the Time
I was bothered by things that usually don't bother me.	○	○	○	○
I did not feel like eating. My appetite was poor.	○	○	○	○
I felt that I could not shake off the blues, even with help from my family or friends.	○	○	○	○
I felt that I was just as good as other people.	○	○	○	○
I had trouble keeping my mind on what I was doing.	○	○	○	○
I felt depressed.	○	○	○	○
I felt that everything I did was an effort.	○	○	○	○
I felt hopeful about the future.	○	○	○	○
I thought my life had been a failure.	○	○	○	○
I felt fearful.	○	○	○	○
My sleep was restless.	○	○	○	○
I was happy.	○	○	○	○
I talked less than usual.	○	○	○	○
I felt lonely.	○	○	○	○
People were unfriendly.	○	○	○	○
I enjoyed life.	○	○	○	○
I had crying spells.	○	○	○	○
I felt sad.	○	○	○	○
I felt that people disliked me.	○	○	○	○
I could not get going.	○	○	○	○

Office Use Only	Q52	Q53
	□□	□□
	0 ○ ○	0 ○ ○
	1 ○ ○	1 ○ ○
	2 ○ ○	2 ○ ○
	3 ○ ○	3 ○ ○
	4 ○ ○	4 ○ ○
	5 ○ ○	5 ○ ○
	6 ○ ○	6 ○ ○
	7 ○ ○	7 ○ ○
	8 ○ ○	8 ○ ○
	9 ○ ○	9 ○ ○

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FAMILY SERVICES
-EXIT QUESTIONNAIRE-

This questionnaire is completed by clients of AFM's Family Services upon completion of these services. The questions in this form will help you to take a look at yourself, and will provide us with useful information regarding the effectiveness of AFM's Family Services. Your responses are very important to us. Please read each item carefully, and fill in the 'bubble' that corresponds with the most appropriate response. *All responses provided by you are completely confidential.*

`1) Which program(s) did you attend?

○ Family Day Program ○ Family Evening Program ○ Couples Group

2) How long did you wait from when you first approached the AFM to when you first saw a counsellor?

○ <1 Day ○ 1 to 7 Days ○ 8 to 14 Days ○ 15 to 21 Days ○ 22 to 28 Days ○ 29+ Days

3) How did you manage during the waiting period?

○ Very Well ○ Okay, But Not Great ○ Not Very Well ○ Poorly

3.1) If you didn't manage well, what was the problem?_____

_____

4) To what extent did the Family Program help you to recognize a chemical dependency problem or other compulsive behaviour in yourself or another person (other than the patient/person you were initially concerned about)?

○ Very Much ○ Somewhat ○ Not Very Much ○ Not At All

Please expand upon your answer. _____

_____

5) As a result of your participation in the Family Program do you think you have learned new ways to cope with life problems?

○ I have learned several ways ○ I have learned one new way ○ I learned nothing new

Please expand upon your answer. _____

_____

6) Which of the following changes have taken place in your relationships, as a direct result of the Family Program? ***(Please fill-in <u>ALL</u> that apply.)***

○ No Change ○ Reconciliation ○ Increased Intimacy ○ Separation ○ Divorce ○ Other_____

6.1) If you have experienced change, how would you evaluate that change?

○ Very Positive ○ Somewhat Positive ○ Somewhat Negative ○ Very Negative

Please fill-in circles... ●	Black Ink Please!

38621

7) How much help were each of the following activities to you personally? ***(If you did not take part in a specific activity, please fill-in N/A for 'Not Applicable.')***

	Much Help	Some Help	Little Help	No Help	N /A
1) Initial meeting with counsellor	○	○	○	○	○
2) Work on individual goals	○	○	○	○	○
3) Large group sessions	○	○	○	○	○
4) Small group sessions	○	○	○	○	○
5) Informal conversations with other participants	○	○	○	○	○
6) Lectures/Input	○	○	○	○	○
7) Video tapes	○	○	○	○	○
8) Guided Imagery/Reflection Exercises	○	○	○	○	○
9) Time alone for thought	○	○	○	○	○
10) The Environment	○	○	○	○	○

8) How were you received and supported by your group facilitators, regarding each of the following? ***(If you had only one facilitator, then only fill in the first set of questions. Use both if you had two facilitators. One set would relate to each of the facilitators you had.)***

FACILITATOR NUMBER 1

8.1)Did Your Group Facilitator...	Very Much	Somewhat	Not Very Much	Not At All
Treat you with respect?	○	○	○	○
Treat you honestly/openly?	○	○	○	○
Treat you courteously?	○	○	○	○
Maintain your confidentiality?	○	○	○	○
Appear well-prepared?	○	○	○	○
Understand your issues/needs?	○	○	○	○
Appear responsive to your needs?	○	○	○	○
Appear knowledgeable about your area of concern?	○	○	○	○

FACILITATOR NUMBER 2

8.2) Did Your Group Facilitator...	Very Much	Somewhat	Not Very Much	Not At All
Treat you with respect?	○	○	○	○
Treat you honestly/openly?	○	○	○	○
Treat you courteously?	○	○	○	○
Maintain your confidentiality?	○	○	○	○
Appear well-prepared?	○	○	○	○
Understand your issues/needs?	○	○	○	○
Appear responsive to your needs?	○	○	○	○
Appear knowledgeable about your area of concern?	○	○	○	○

38621

9) What areas need more emphasis in the Family Program?

10) What areas were not included which you would have found useful?

11) What did you gain from your participation in the Family Program?

12) Overall, how satisfied are you with the Family Program?

○ Very Satisfied ○ Somewhat Satisfied ○ Not Very Satisfied ○ Not Satisfied At All

Please expand upon your answer.

13) Would you use the AFM in the future, if a similar problem arose?

○ Definitely Would ○ Probably Would ○ Probably Would Not ○ Definitely Would Not

14) Would you recommend the AFM to a friend or relative who had a problem similar to your own?

○ Definitely Would ○ Probably Would ○ Probably Would Not ○ Definitely Would Not

14.1) Please expand upon your answers (to Questions 13 & 14).

38621

15) How would you currently describe yourself? ***(Please indicate <u>ALL</u> that apply.)***

ACOA	○ Yes	○ No
Recovering (CD)	○ Yes	○ No
Recovering (Gambling)	○ Yes	○ No
Affected (CD)	○ Yes	○ No
Affected (Gambling)	○ Yes	○ No
Other:_____	○ Yes	○ No

16) Please indicate the degree to which you agree or disagree with the following statements.

	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree
Stressful working conditions, unhappy childhood experiences, and/or family pressures make people become addicted	○	○	○	○
I must behave so that I won't upset others in my family	○	○	○	○
I can make some personal changes that will improve the situation	○	○	○	○
People with addictions are people who lack willpower and determination	○	○	○	○
I can feel okay even if my significant other does not feel okay	○	○	○	○
An actively addicted person cannot be trusted to be responsible for him or herself	○	○	○	○
As much as I want to help, I realize that I cannot change someone else's behaviour	○	○	○	○
Family members cannot cause addicted people to engage in addictive behaviours	○	○	○	○
I know that there are other people who understand how I feel, and I can learn from them	○	○	○	○
It is my responsibility to devote my energies to helping loved ones solve their problems	○	○	○	○
The only way I can quit worrying is to know that my family member or friend is taking better care of him or herself	○	○	○	○
Participation in a self-help program, such as Al-Anon, ACA, CoDA, GamAnon, NarAnon, or FA, could be helpful to me	○	○	○	○

38621

17) Indicate the response corresponding to your current confidence for the areas listed below. ***[If a specific question does not apply to youplease indicate 'Not Applicable']***

How confident are you regarding...	Very Confident	Somewhat Confident	Not Confident At All	Not Applicable
Your relationship with your spouse or partner	○	○	○	○
Your relationship with your children	○	○	○	○
Your relationship with your mother	○	○	○	○
Your relationship with your father	○	○	○	○
Your relationship with other family members	○	○	○	○
Your relationship with a Higher Power	○	○	○	○
Your relationship with friends	○	○	○	○
Your own job/school performance	○	○	○	○
Your self-image	○	○	○	○
Your ability to handle problems	○	○	○	○
Your general enjoyment of life	○	○	○	○
Your exercise habits	○	○	○	○
Your sleeping patterns/habits	○	○	○	○
Your eating patterns/habits	○	○	○	○
Your ability to experience serenity and peace	○	○	○	○

18) To what degree do you feel that each of the following statements applies to you?

	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree
I am a person of worth, at least on an equal basis with others	○	○	○	○
I feel that I have a number of good qualities	○	○	○	○
All in all, I feel that I am a failure	○	○	○	○
I can do most things as well as most other people	○	○	○	○
I feel I do not have much to be proud of	○	○	○	○
I take a positive attitude toward myself	○	○	○	○
On the whole, I am satisfied with myself	○	○	○	○
I wish I could have more respect for myself	○	○	○	○
I feel useless at times	○	○	○	○
At times I think I am no good at all	○	○	○	○

38621

19) Using the scale below, please indicate which response best describes how often you felt or behaved this way during the **PAST WEEK.**

	Rarely/ None of the Time	Some/ Little of the Time	Occasionally/ a Moderate Amount of the Time	Most/All of the Time
I was bothered by things that usually don't bother me.	○	○	○	○
I did not feel like eating. My appetite was poor.	○	○	○	○
I felt that I could not shake off the blues, even with help from my family or friends.	○	○	○	○
I felt that I was just as good as other people.	○	○	○	○
I had trouble keeping my mind on what I was doing.	○	○	○	○
I felt depressed.	○	○	○	○
I felt that everything I did was an effort.	○	○	○	○
I felt hopeful about the future.	○	○	○	○
I thought my life had been a failure.	○	○	○	○
I felt fearful.	○	○	○	○
My sleep was restless.	○	○	○	○
I was happy.	○	○	○	○
I talked less than usual.	○	○	○	○
I felt lonely.	○	○	○	○
People were unfriendly.	○	○	○	○
I enjoyed life.	○	○	○	○
I had crying spells.	○	○	○	○
I felt sad.	○	○	○	○
I felt that people disliked me.	○	○	○	○
I could not get going.	○	○	○	○

20) Additional Comments or Suggestions for the Program:

_____

_____

_____

_____

Thank You Very Much For Your Time & Interest!

38621

FAMILY SERVICES
-SIX MONTH FOLLOW-UP-

This questionnaire is completed by former clients of AFM's Family Services 6 MONTHS following their exit from the program. Your responses are very important to us. Please read each item carefully, and fill in the 'bubble' that corresponds with the most appropriate response. All responses provided by you are completely confidential.

1) Which program(s) did you attend?

○ Family Day Program ○ Family Evening Program ○ Couples Group

2) Which of the following changes have taken place in your relationships, as a direct result of the Family Program? (Please fill-in ALL that apply.)

○ No Change ○ Reconciliation ○ Increased Intimacy ○ Separation ○ Divorce ○ Other_____

2.1) If you have experienced change, how would you evaluate that change?

○ Very Positive ○ Somewhat Positive ○ Somewhat Negative ○ Very Negative

3) Thinking back to your time in the program, what areas need more emphasis?

_____

_____

_____

4) What areas were not included which you would have found useful?

_____

_____

_____

5) In retrospect, what did you gain from your participation in the Family Program?

_____

_____

_____

6) Again thinking back to your experiences with the Family Program, overall, how satisfied are you with it?

○ Very Satisfied ○ Somewhat Satisfied ○ Not Very Satisfied ○ Not Satisfied At All

Please expand upon your answer. _____

_____

_____

How to fill in Circles...	Correct ● Incorrect ⊘ Incorrect ⊘	Black Ink Please!

2501

7) Would you use the AFM in the future, if a similar problem arose?

○ Definitely Would ○ Probably Would ○ Probably Would Not ○ Definitely Would Not

8) Would you recommend the AFM to a friend or relative who had a problem similar to your own?

○ Definitely Would ○ Probably Would ○ Probably Would Not ○ Definitely Would Not

9) How would you currently describe yourself? (Please indicate ALL that apply.)

ACOA	○ Yes	○ No
Recovering (CD)	○ Yes	○ No
Recovering (Gambling)	○ Yes	○ No
Affected (CD)	○ Yes	○ No
Affected (Gambling)	○ Yes	○ No
Other:_____	○ Yes	○ No

10) Please indicate the degree to which you agree or disagree with the following statements.

	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree
Stressful working conditions, unhappy childhood experiences, and/or family pressures make people become addicted	○	○	○	○
I must behave so that I won't upset others in my family	○	○	○	○
I can make some personal changes that will improve the situation	○	○	○	○
People with addictions are people who lack willpower and determination	○	○	○	○
I can feel okay even if my significant other does not feel okay	○	○	○	○
An actively addicted person cannot be trusted to be responsible for him or herself	○	○	○	○
As much as I want to help, I realize that I cannot change someone else's behaviour	○	○	○	○
Family members cannot cause addicted people to engage in addictive behaviours	○	○	○	○
I know that there are other people who understand how I feel, and I can learn from them	○	○	○	○
It is my responsibility to devote my energies to helping loved ones solve their problems	○	○	○	○
The only way I can quit worrying is to know that my family member or friend is taking better care of him or herself	○	○	○	○
Participation in a self-help program, such as Al-Anon, ACA, CoDA, GamAnon, NarAnon, or FA, could be helpful to me	○	○	○	○

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11) Indicate the response corresponding to your current confidence for the areas listed below.
[If a specific question does not apply to youplease indicate 'Not Applicable']

How confident are you regarding...	Very Confident	Somewhat Confident	Not Confident At All	Not Applicable
Your relationship with your spouse or partner	○	○	○	○
Your relationship with your children	○	○	○	○
Your relationship with your mother	○	○	○	○
Your relationship with your father	○	○	○	○
Your relationship with other family members	○	○	○	○
Your relationship with a Higher Power	○	○	○	○
Your relationship with friends	○	○	○	○
Your own job/school performance	○	○	○	○
Your self-image	○	○	○	○
Your ability to handle problems	○	○	○	○
Your general enjoyment of life	○	○	○	○
Your exercise habits	○	○	○	○
Your sleeping patterns/habits	○	○	○	○
Your eating patterns/habits	○	○	○	○
Your ability to experience serenity and peace	○	○	○	○

12) To what degree do you feel that each of the following statements applies to you?

	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree
I am a person of worth, at least on an equal basis with others	○	○	○	○
I feel that I have a number of good qualities	○	○	○	○
All in all, I feel that I am a failure	○	○	○	○
I can do most things as well as most other people	○	○	○	○
I feel I do not have much to be proud of	○	○	○	○
I take a positive attitude toward myself	○	○	○	○
On the whole, I am satisfied with myself	○	○	○	○
I wish I could have more respect for myself	○	○	○	○
I feel useless at times	○	○	○	○
At times I think I am no good at all	○	○	○	○

13) Using the scale below, please indicate which response best describes how often you felt or behaved this way during the **PAST WEEK.**	Rarely/ None of the Time	Some/ Little of the Time	Occasionally/ a Moderate Amount of the Time	Most/All of the Time
I was bothered by things that usually don't bother me.	○	○	○	○
I did not feel like eating. My appetite was poor.	○	○	○	○
I felt that I could not shake off the blues, even with help from my family or friends.	○	○	○	○
I felt that I was just as good as other people.	○	○	○	○
I had trouble keeping my mind on what I was doing.	○	○	○	○
I felt depressed.	○	○	○	○
I felt that everything I did was an effort.	○	○	○	○
I felt hopeful about the future.	○	○	○	○
I thought my life had been a failure.	○	○	○	○
I felt fearful.	○	○	○	○
My sleep was restless.	○	○	○	○
I was happy.	○	○	○	○
I talked less than usual.	○	○	○	○
I felt lonely.	○	○	○	○
People were unfriendly.	○	○	○	○
I enjoyed life.	○	○	○	○
I had crying spells.	○	○	○	○
I felt sad.	○	○	○	○
I felt that people disliked me.	○	○	○	○
I could not get going.	○	○	○	○

14) Additional Comments or Suggestions for the Program: _____

_____

_____

_____

Thank You Very Much For Your Time & Interest!

Office Use Only

Client Code: ☐☐☐ ☐☐☐☐☐☐

('Client Codes' are only used to link responses you have given when you entered the Family Program with those provided upon exit and in this survey. No names or other identifying information will be produced through client codes.)

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APPENDIX TWO

SELECTED FREQUENCY TABLES

Selected Frequencies By Program: Family Services Evaluation

EVALUATING THE HELPFULNESS OF PROGRAM COMPONENTS	PROGRAM				Total	
	DAY PROGRAM		EVENING PROGRAM		Count	Col %
	Count	Col %	Count	Col %		
Initial meeting with counsellor						
No Help	3	2.3%	1	1.1%	4	1.8%
Little Help	6	4.7%	3	3.3%	9	4.1%
Some Help	46	35.9%	32	34.8%	78	35.5%
Much Help	73	57.0%	56	60.9%	129	58.6%
Total	128	100.0%	92	100.0%	220	100.0%
Work on individual goals						
No Help	0	.0%	1	1.4%	1	.6%
Little Help	5	4.8%	6	8.1%	11	6.1%
Some Help	64	61.0%	39	52.7%	103	57.5%
Much Help	36	34.3%	28	37.8%	64	35.8%
Total	105	100.0%	74	100.0%	179	100.0%
Large group sessions						
Little Help	9	6.9%	4	4.3%	13	5.8%
Some Help	36	27.5%	33	35.1%	69	30.7%
Much Help	86	65.6%	57	60.6%	143	63.6%
Total	131	100.0%	94	100.0%	225	100.0%
Small group sessions						
No Help	2	1.6%	3	3.4%	5	2.3%
Little Help	15	11.6%	21	23.6%	36	16.5%
Some Help	52	40.3%	32	36.0%	84	38.5%
Much Help	60	46.5%	33	37.1%	93	42.7%
Total	129	100.0%	89	100.0%	218	100.0%
Informal conversations with other participants						
No Help	2	1.5%	3	3.3%	5	2.3%
Little Help	15	11.5%	7	7.8%	22	10.0%
Some Help	63	48.5%	49	54.4%	112	50.9%
Much Help	50	38.5%	31	34.4%	81	36.8%
Total	130	100.0%	90	100.0%	220	100.0%

Selected Frequencies By Program: Family Services Evaluation

EVALUATING THE HELPFULNESS OF PROGRAM COMPONENTS	PROGRAM				Total	
	DAY PROGRAM		EVENING PROGRAM		Count	Col %
	Count	Col %	Count	Col %		
Lectures/Input						
Little Help	6	5.5%	2	2.1%	8	3.9%
Some Help	35	31.8%	30	31.9%	65	31.9%
Much Help	69	62.7%	62	66.0%	131	64.2%
Total	110	100.0%	94	100.0%	204	100.0%
Video tapes						
No Help	1	1.5%	0	.0%	1	.6%
Little Help	6	9.2%	2	2.2%	8	5.1%
Some Help	35	53.8%	22	23.9%	57	36.3%
Much Help	23	35.4%	68	73.9%	91	58.0%
Total	65	100.0%	92	100.0%	157	100.0%
Guided Imagery/Reflection Exercises						
No Help	1	.8%	9	9.9%	10	4.7%
Little Help	8	6.5%	11	12.1%	19	8.8%
Some Help	37	29.8%	36	39.6%	73	34.0%
Much Help	78	62.9%	35	38.5%	113	52.6%
Total	124	100.0%	91	100.0%	215	100.0%
Time alone for thought						
No Help	2	1.8%	3	3.6%	5	2.6%
Little Help	9	8.3%	10	12.0%	19	9.9%
Some Help	45	41.3%	38	45.8%	83	43.2%
Much Help	53	48.6%	32	38.6%	85	44.3%
Total	109	100.0%	83	100.0%	192	100.0%
The Environment						
Little Help	5	3.8%	6	6.6%	11	5.0%
Some Help	44	33.8%	35	38.5%	79	35.7%
Much Help	81	62.3%	50	54.9%	131	59.3%
Total	130	100.0%	91	100.0%	221	100.0%

Selected Frequencies By Program: Family Services Evaluation

EVALUATING THE PRIMARY FACILITATOR	PROGRAM				Total	
	DAY PROGRAM		EVENING PROGRAM		Count	Col %
	Count	Col %	Count	Col %		
Treat you with respect?						
Somewhat	12	9.2%	5	5.3%	17	7.6%
Very Much	119	90.8%	89	94.7%	208	92.4%
Total	131	100.0%	94	100.0%	225	100.0%
Treat you honestly/openly?						
Somewhat	12	9.2%	2	2.1%	14	6.2%
Very Much	119	90.8%	92	97.9%	211	93.8%
Total	131	100.0%	94	100.0%	225	100.0%
Treat you courteously?						
Not Very Much	1	.8%	1	1.1%	2	.9%
Somewhat	12	9.3%	3	3.2%	15	6.7%
Very Much	116	89.9%	91	95.8%	207	92.4%
Total	129	100.0%	95	100.0%	224	100.0%
Maintain your confidentiality?						
Somewhat	3	2.4%	0	.0%	3	1.4%
Very Much	124	97.6%	93	100.0%	217	98.6%
Total	127	100.0%	93	100.0%	220	100.0%
Appear well-prepared?						
Somewhat	10	7.6%	2	2.1%	12	5.3%
Very Much	121	92.4%	92	97.9%	213	94.7%
Total	131	100.0%	94	100.0%	225	100.0%
Understand your issues/needs?						
Not Very Much	0	.0%	2	2.1%	2	.9%
Somewhat	31	23.8%	13	13.7%	44	19.6%
Very Much	99	76.2%	80	84.2%	179	79.6%
Total	130	100.0%	95	100.0%	225	100.0%

Selected Frequencies By Program: Family Services Evaluation

EVALUATING THE PRIMARY FACILITATOR	PROGRAM				Total	
	DAY PROGRAM		EVENING PROGRAM		Count	Col %
	Count	Col %	Count	Col %		
Appear responsive to your needs?						
Not Very Much	0	.0%	3	3.2%	3	1.3%
Somewhat	37	28.5%	5	5.3%	42	18.8%
Very Much	93	71.5%	86	91.5%	179	79.9%
Total	130	100.0%	94	100.0%	224	100.0%
Appear knowledgeable about your area of concern?						
Not Very Much	1	.8%	0	.0%	1	.4%
Somewhat	23	17.7%	8	8.4%	31	13.8%
Very Much	106	81.5%	87	91.6%	193	85.8%
Total	130	100.0%	95	100.0%	225	100.0%

Selected Frequencies By Program: Family Services Evaluation

EVALUATING THE SECONDARY FACILITATOR	PROGRAM				Total	
	DAY PROGRAM		EVENING PROGRAM		Count	Col %
	Count	Col %	Count	Col %		
Treat you with respect?						
Not Very Much	3	2.3%	0	.0%	3	1.4%
Somewhat	8	6.2%	2	2.2%	10	4.5%
Very Much	118	91.5%	90	97.8%	208	94.1%
Total	129	100.0%	92	100.0%	221	100.0%
Treat you honestly/openly?						
Somewhat	12	9.4%	2	2.2%	14	6.5%
Very Much	116	90.6%	87	97.8%	203	93.5%
Total	128	100.0%	89	100.0%	217	100.0%
Treat you courteously?						
Not Very Much	1	.8%	1	1.1%	2	.9%
Somewhat	12	9.3%	2	2.2%	14	6.3%
Very Much	116	89.9%	89	96.7%	205	92.8%
Total	129	100.0%	92	100.0%	221	100.0%
Maintain your confidentiality?						
Somewhat	3	2.4%	0	.0%	3	1.4%
Very Much	122	97.6%	91	100.0%	213	98.6%
Total	125	100.0%	91	100.0%	216	100.0%
Appear well-prepared?						
Not Very Much	1	.8%	0	.0%	1	.5%
Somewhat	11	8.5%	2	2.2%	13	5.9%
Very Much	117	90.7%	90	97.8%	207	93.7%
Total	129	100.0%	92	100.0%	221	100.0%
Understand your issues/needs?						
Not At All	1	.8%	0	.0%	1	.5%
Not Very Much	3	2.3%	2	2.2%	5	2.3%
Somewhat	31	24.0%	10	10.9%	41	18.6%
Very Much	94	72.9%	80	87.0%	174	78.7%
Total	129	100.0%	92	100.0%	221	100.0%

Selected Frequencies By Program: Family Services Evaluation

EVALUATING THE SECONDARY FACILITATOR	PROGRAM				Total	
	DAY PROGRAM		EVENING PROGRAM		Count	Col %
	Count	Col %	Count	Col %		
Appear responsive to your needs?						
Not At All	1	.8%	0	.0%	1	.5%
Not Very Much	3	2.3%	3	3.3%	6	2.7%
Somewhat	35	27.1%	4	4.3%	39	17.6%
Very Much	90	69.8%	85	92.4%	175	79.2%
Total	129	100.0%	92	100.0%	221	100.0%
Appear knowledgeable about your area of concern?						
Not Very Much	1	.8%	0	.0%	1	.5%
Somewhat	27	21.1%	7	7.6%	34	15.5%
Very Much	100	78.1%	85	92.4%	185	84.1%
Total	128	100.0%	92	100.0%	220	100.0%

APPENDIX THREE

SCALES USED IN THIS EVALUATION

The Centre For Epidemiological Studies Depression Scale:

"Using the scale below, please indicate which response best describes how often you felt or behaved this way during the PAST WEEK."	Rarely or None of the Time	Some or a Little of the Time	Occasionally or a Moderate Amount of Time	Most or All of the Time
1) I was bothered by things that usually don't bother me.	0	1	2	3
2) I did not feel like eating; My appetite was poor.	0	1	2	3
3) I felt that I could not shake off the blues, even with help from my family or friends.	0	1	2	3
4) I felt that I was just as good as other people.	3	2	1	0
5) I had trouble keeping my mind on what I was doing.	0	1	2	3
6) I felt depressed.	0	1	2	3
7) I felt that everything I did was an effort.	0	1	2	3
8) I felt hopeful about the future.	3	2	1	0
9) I thought my life had been a failure.	0	1	2	3
10) I felt fearful.	0	1	2	3
11) My sleep was restless	0	1	2	3
12) I was happy.	3	2	1	0
13) I talked less than usual.	0	1	2	3
14) I felt lonely.	0	1	2	3
15) People were unfriendly.	0	1	2	3
16) I enjoyed life.	3	2	1	0
17) I had crying spells.	0	1	2	3
18) I felt sad.	0	1	2	3
19) I felt that people disliked me.	0	1	2	3
20) I could not get going.	0	1	2	3

Scoring Key For The Rosenberg Self-Esteem Scale:

	Strongly Agree	Agree	Disagree	Strongly Disagree
1) I am a person of worth, at least on an equal basis with others.	1	2	3	4
2) I feel that I have a number of good qualities.	1	2	3	4
3) All in all, I feel that I am a failure.	4	3	2	1
4) I can do things as well as most other people.	1	2	3	4
5) I feel I do not have much to be proud of.	4	3	2	1
6) I take a positive attitude toward myself.	1	2	3	4
7) On the whole, I am satisfied with myself.	1	2	3	4
8) I wish I could have more respect for myself.	4	3	2	1
9) I feel useless at times.	4	3	2	1
10) At times I think I am no good at all.	4	3	2	1

The Locus Of Control Scale (Hazeldon)

	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree
Stressful working conditions, unhappy childhood experiences and/or family pressures make people become addicted.	1	2	3	4
I must behave so that I won't upset others in my family.	1	2	3	4
I can make some personal changes that will improve the situation.	1	2	3	4
People with addictions are people who lack willpower and determination.	1	2	3	4
I can feel okay even if my significant other does not feel okay.	4	3	2	1
An actively addicted person cannot be trusted to be responsible for him or herself.	1	2	3	4
As much as I want to help, I realize that I cannot change someone else's behaviour.	4	3	2	1
Family members cannot cause addicted people to engage in addictive behaviours.	4	3	2	1
I know that there are other people who understand how I feel, and I can learn from them.	4	3	2	1
It is my responsibility to devote my energies to helping loved ones solve their problems.	1	2	3	4
The only way I can quit worrying is to know that my family member or friend is taking better care of him or herself.	1	2	3	4
Participation in a self-help program, such as Al-Anon... could be helpful to me.	4	3	2	1

Confidence Scale (Hazeldon)

How confident are you regarding...	Very Confident	Somewhat Confident	Not Confident At All	Not Applicable
Your relationship with your spouse or partner	3	2	1	0
Your relationship with your children	3	2	1	0
Your relationship with your mother	3	2	1	0
Your relationship with your father	3	2	1	0
Your relationship with other family members	3	2	1	0
Your relationship with a Higher Power	3	2	1	0
Your relationship with friends	3	2	1	0
Your own job/school performance	3	2	1	0
Your self-image	3	2	1	0
Your ability to handle problems	3	2	1	0
Your general enjoyment of life	3	2	1	0
Your exercise habits	3	2	1	0
Your sleeping patterns/habits	3	2	1	0
Your eating patterns/habits	3	2	1	0
Your ability to experience serenity and peace	3	2	1	0